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# The Psychoanalytic Review

*A Journal Devoted to an  
Understanding of Human Conduct*

EDITED AND PUBLISHED BY

WILLIAM A. WHITE, M.D., and SMITH ELY JELLIFFE, M.D.

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UNDERSTANDING OF HUMAN CONDUCT

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## ORIGINAL ARTICLES

### THE PSYCHOANALYTIC APPROACH TO RELIGIOUS EXPERIENCE \*

By THEODORE SCHROEDER

Psychoanalysis is still near its beginning. Psychoanalysts differ in the extent to which they understand and have outgrown their own conflicts of erotic impulse. Consequently they do not show the same degree of accuracy in their psychologic observation. They also have a varying quantity, variety, and complexity of experiential and cultural acquisitions. According to their varying limitations and psychologic imperatives, they make such coördinations of their differing past experiences and present data as produces some differing results. Accordingly, no one else should be held responsible for such opinions as are herein expressed.

#### SPECIAL DIFFICULTIES ON THIS OCCASION

Popular books on psychoanalysis never deal with its differential essence, as thorough Freudians understand that. The real thing does not lend itself to popular discussion. Even to an educated audience, the difficulties of presenting psychoanalysis by means of lectures or essays, are quite insurmountable. These difficulties arise from the nature of the subject-matter, as that is related to the inadequate psychologic preparedness on the part of those who are being addressed. The subject-matter is difficult, because psychanalysts specialize on the unconscious conditioning factors of our unconscious mental processes, and especially on the resultant subjective conditions

\* This paper was read before 250 clergymen, visiting New York City in 1928. Their purpose was to discover what is the latest method of discrediting religion. This was deemed by them to be an important preparation for combating irreligious influence. From similar motives others may be interested to read this paper. The generalizations are more inclusive than Freud's: The Future of an Illusion.



which so largely control the exact nature of the conscious response to stimuli. It is doubtful if we can learn much about our own "unconscious" mentation, except by submitting ourselves to the right sort of psychoanalytic discipline. In the course of such a procedure, many factors of our previous, unconscious control and mental processes, are made conscious. Only to the extent that this has occurred to us, can we understand the unconscious mentation of others. Because of this fact, very few have an adequate preparation for the intelligent (*empathic*) reading of psychoanalytic literature. Our ordinary education has taught us to think only in terms of the objective stimuli for our ideas and feelings. The psychoanalytic attitude and its data require us to think primarily in terms of the subjective and the usually unconscious factors which control the choice of detail, and the reaction-pattern with which we respond to the stimulus. It should be obvious, then, that very few have an adequate training for the *empathic* reading of real psychoanalytic literature. Merely accepting or disputing the *logical* relations, which are implicit, is not enough, and does not involve anything of importance to psychoanalytic theory.

Because of the foregoing difficulties, this presentation must be limited to a mere dogmatic description, without any attempt or expectation of convincing anyone. At best, the only hope is to stimulate curiosity, and so to induce further inquiry. This description will cover only so much of the point of view as is now and here important. Some of the results already achieved, by applying this psychoanalytic viewpoint and its method of observation to religious experience, will also be described. This is not the place or the time to defend psychoanalysis, or even to describe its method of observation. Such descriptions can be found elsewhere.<sup>1</sup> The defenses or explanation of psychoanalysis are many. For a partial justification of my conclusions about religion, recourse must be had to my other publications.<sup>2</sup>

Another difficulty of my task is the necessity for condensation. In so far as I succeed in condensing my statement, I will fail in scientific precision and accuracy of definition. Probably I must therefore fail also in my efforts at simplification. Such condensation

<sup>1</sup> See International Journal of Psycho-Analysis (London), VI, Part 2, pp. 155-170, 1925. Abstracted in PSYCHOANALYTIC REVIEW, XV (No. 2), pp. 460-461, October, 1928.

<sup>2</sup> One Who Is Different, to which is now added a bibliography of Theodore Schroeder on the psychology of religion. N. E. Sankey-Jones, Cos Cob, Conn., December, 1927.



will inevitably increase the difficulty of those who may, for the first time, be trying to achieve an *empathic* insight and understanding of this newer point of view, and of its explanation so devastating to present cultural and religious values. The necessity for condensation will also increase the difficulty of those who may wish to repeat the impression which is to be imparted. Notwithstanding all this, I must proceed.

#### CONCERNING RELIGIOSITY

What is the subject-matter of a psychologic study of religion? I have collected over two hundred definitions of religion, and find very little agreement among them. I believe that most of this diversity is due to the fact that the definers were most interested in the *symptoms* of religiosity. Even when they did think of religion as an inner experience, they would describe it in the figurative language of the material world, and interpret it according to sectarian predispositions. A literal description of the subjective experience would have been more useful. All this produced great apparent diversity. Unconsciously, practically all were seeking to define "orthodox" or "true" religion, rather than the psychology of religiosity. Therefore nearly all attempted definitions were narrowly sectarian.

I believe that all mystics, quasi-mystics and psychologists should be able to agree upon some general descriptive outline of modern "religious" experience. Perhaps something like this would do: "Religious experience is, in some sense and in some degree, a subjective, emotional or ecstatic experience, which is interpreted as the 'realization' of a supposedly existing, and emotionally needed, ultimate or absolute." Within historic times the alleged "experience of God," or of some "absolute," has always been the core of religion, because the mystics are the only "witnesses for God" who can plausibly claim to testify from a direct and immediate knowledge of Him. This is something very different from a consciously made logical inference. Arguments made from nature may support, but cannot initiate the former, nor serve as a generally convincing substitute.

This mystic "realization" of God is the very thing which the psychologist must study, if he is going to deal with religion at all. As a subjective experience, it appears in many degrees of intensity, of isolation, and of clarity. At one extreme the mystical union involves the complete unconsciousness of self and of the earthly environment. At the other end, we approach a complete fading out



of everything which can be described as a religious state of mind. There we find only a religious vocabulary, and perhaps the social habit of church-going. Even the serious belief in anything supernatural may be gone, unless the mere idle habit of parroting pious words, which for the speaker are both meaningless and valueless, can be regarded as constituting religious belief and religiosity. So the alleged transcendental or immanent Godhood of any sort becomes lost by its merger in the most conscious and commonplace of human and earthly emotionalism. What now is the essential difference between the ecstatic, relative unconsciousness, which is the experience of God, and the other highly conscious and most ecstatic of human experiences? Is it anything but the unconsciousness of its essential nature, and the consequent erroneous theories based thereon? The more "real" and "religious" experiences may come to persons with every variety of psychologic preparedness, between a minimum and a maximum of experiential diversity and of cultural acquisition. This psychologic preparedness controls both the character of the mystical experience and the mystic's explanation of it. Therefore, if we view the so-called "religious" experiences the world over and in a long historic perspective, we see almost an infinite variety of verbal formulations and metaphysical, metapsychologic and theological explanations of it.

The psychiatrist is predisposed to view all these differences as being the objective and symptomatic product of very similar subjective processes and subjective determinants. It is just these which the psychologist must study. These varied and contradictory audible and visible consequences and expressions of the "religious" experience are the real basis, even though an unconscious basis, of *all* religious controversy. Varying degrees of psychologic morbidity compel varying degrees of associated intolerance. Sometimes mere differences in the rationalization of "religious" experience induce its victims to denounce each other as imps from hell or as victims of evil worldly or evil supernatural influences. Only those who manifest the similar bodily and emotional symptoms, and who accept the same verbal supernatural explanation, and enforce the same discipline, are considered by themselves and by their own group as having "truly" experienced God. All other victims of the religious temperament and experience are denounced as heretics or something worse. They may be regarded as the victims of more or less satanic imitation, or of other malign influence. Such, then, is the material common to all religions, which psychoanalysts study.



## PSYCHOANALYTIC APPROACH BRIEFLY STATED

Here we are not concerned with psychoanalytic therapeutics. The present effort must be limited to a fragmentary, dogmatic description of the psychoanalytic viewpoint, *some* of its presuppositions, and *some* of the fruits of its methods. Here, as elsewhere, scientific research is meaningless, unless we assume a uniformity in nature's behavior. This assumed uniformity is the thing to be discovered in order to formulate the "laws" of its progress and the conditioning factors which control its varied manifestation. Only in this way do we learn to make our better adjustment to nature's ways. In psychology, this means the assumption of an unprovable, universal, rigid determinism, with a complete negation of "freedom of the will," and therefore of all moral values and responsibility.<sup>3</sup> Carried to its logical conclusion, in the mind of one who is psychologically informed and who is a well-unified personality, this attitude will lead to the avoidance of *all moral values* and of all moral judgments. This means something very different from merely substituting new morals for old. Already moral judgments are largely avoided by many healthy-minded persons who are not psychoanalysts, and yet are capable of using fairly mature intellectual methods, as an evolutionary psychologist understands such maturity.<sup>4</sup>

This merely temperamental preference, or logical necessity for a deterministic presupposition, has found much confirmation in the psychologic experiments of all behaviorists, as well as in the observations of old line psychiatrists and of psychoanalysts. These latter observations tend to show that *all* moral values are merely symptomatic of unwholesome emotional disturbances. When the language of moral values is used, free from the inner moral indignation, then we see the mere unintelligent imitation of such symptoms. For morals we, in part, substitute mental hygiene. The intensity of the moral judgment then becomes an exact measure of the degree of the underlying emotional instability, or morbidity.

From this mental-hygiene point of view, the alleged social value of "training" in religion and in religious morals is thought of as being always a social liability, not an asset. Instead of thinking and talking in terms of moral *values*, we now think and talk in terms of relative degrees of healthy, unified impulses and emotions, and of

<sup>3</sup> Determinism, Conduct and Fear Psychology, *PSYCHOANALYTIC REVIEW*, VI, 379-390, October, 1919. Deterministic Presupposition of Psychoanalysis, *Open Court*, Vol. 41 (No. 2), pp. 90-102, February, 1927.

<sup>4</sup> For a brief dogmatic summary, see the end of this essay.



the relative maturity of our intellectual methods. This newer, objective, psychologic appraisal means the dwindling of the sentimental valuation so often put upon "religious" experience and its alleged "moral regeneration."

The older psychology and psychiatry is only descriptive, and its description was mainly in terms of symptoms, the outward visible and audible signs of psychologic states. Psychanalysts treat all this symptom-formation as the very problem which is to be studied and better understood. This new understanding of mental states is in terms of their "causal" relations, with the psychologic past of the individual and of the race. But still further, the psychanalyst specializes only on those particular conditioning factors and mental processes which come from out of the personal, experiential past, and which nevertheless usually dominate from below the surface of consciousness. The psychanalyst's special job is that of stimulating the individual to a discovery of the unconscious, subjective, determinants of his own conduct and thought. By thus enlarging our consciousness of these conditions, we can better promote mental hygiene, and accelerate the natural process of maturing our intellectual methods, and of outgrowing the need and favorable valuation of religion. Only by this knowledge can the influence of the habitual, infantile and childish, unconscious mentation be consciously checked and corrected. So also will the religious and moral products of the unconscious mentation be revalued in terms of mental hygiene, and of evolution in our intellectual methods. It is just these unconscious psychologic determinants and subjective processes of the religious experience which furnish the psychoanalytic problem.

The mere fact that the mystic is ignorant of the processes by which his psychologic past controls his mystical experience, as well as his interpretation of it, does not enhance our valuation of his judgment. Accordingly, we refuse to join the mystic, either in assuming the existence of the supernatural stimulus, or admitting his superior acquaintance with it. We must therefore insist upon continuing the search for a naturalistic explanation and causation, for all "religious" experience and for the mystic's need for its supernatural interpretation.

#### THEOLOGIC DOCTRINE IS QUITE IMMATERIAL

Already you have begun to feel that the claims made for the truth of metaphysical, or theologic, explanations for the "religious" experience, will not be directly contradicted, because the truth or



falsity of them is not sufficiently knowable to be important. No matter how true any of them may be in the view of "omniscience," any particular person's acceptance of it may be controlled by a morbid impulse. For that morbidity and its particular manifestations, we must still find the experiential determinant. All the religionist's explanations are to be understood, and perhaps classified, according to their relative degrees of approach toward the unattainable absolute truth. The underlying conscious and unconscious mental processes are to be valued according to a standard of relative maturity, in the subjective aspect of the intellectual methods that were used. (A brief summary of this follows, near the end hereof.)

Did anyone ever prove that we do not live on a flat disk, supported by an elephant, which stands upon the back of a turtle? Not at all. That ancient theory simply ceased to have any value for anybody, when we achieved a little better observation and understanding of the earth and its behavior. No direct attack was needed. For some, probably no direct attack could have changed their affirmations of belief in it.

In like manner, we make no direct attack upon Christian metaphysics or theology. We know something of the limitations of our own mind, and therefore are Agnostics. We will not try to prove the negative, against a claim of knowledge about that which we regard as being within the field of the unknowable. We also know that no two Christians can possibly have the same mental content, even when they recite the same creedal words. Therefore it is a silly waste of time even to discuss their creeds. As in the case of the elephant and the turtle, we do not attack the popular formula. Such discussions are apt to be mere childish quarrels about the meaning of words which have no *objective* meaning. Instead of arguing against their affirmations of belief in a supernatural, we prefer to cure them of the emotional need for objectively meaningless, supernatural dialectics. The psychoanalyst finds it more important to understand the personal emotions than the personal theory about them. We are more concerned with the personal *valuation* of creeds, than with the dictionary meaning of the words used in them. We find it more scientific to make realistic explanations, as to *why* some people must accept the creed in one way, and every other person is compelled to accept it in some different way. Then we seek to explain how all these differences and likenesses come to be accepted and to be differently formulated, or experienced as they are. The explanations which are revealed by the psychoanalytic method of



observation are verifiable by all persons who care to submit themselves to the discipline, which is necessary to make them expert observers in the psychogenetic field of inquiry. So I venture to prophesy that every Christian metaphysics, theology, etc., will eventually be sloughed off by all healthy-minded persons who learn the meaning of, and who consciously use the most mature intellectual methods. The conflict is not one of dogma, but of the relative efficiency and accuracy of different methods of observation, and of relative healthy-mindedness and of relative maturity in the intellectual methods used in the coördination of all of the available data.

#### WHY THE DESIRE TO ESCAPE WORLDLINESS?

Let us think of the predisposition for the acceptance of super-human "spiritual" or "supernatural" facts, fancies or dialectics, in terms of some possible underlying subjective and "unconscious" factors of control. So we may be led to discover the experiential conditions that make for a renunciation of earthly existence, because that includes something emotionally painful, and therefore to be avoided. But what is it? What is the conscious or unconscious experiential essence of that which impels us toward a renunciation of the facts and conditions of our existence? Again this conflict is one of *value rather than meaning*.

Psychanalysts have developed an hypothesis which may imply the answer. I formulate it thus: The predominant emotional tones and values with which we come away from our earliest, preadolescent, meeting with sex problems will be the dominant emotional tones and values which we bring to every other problem in life. If we have developed any considerable fear, shame or guilt, concerning even our childish sexual curiosity and impulses, this will very often promote the tendency to evasion of human responsibilities. Sometimes this need is so great as to create quite general aversion to many of the concrete facts of existence. Always it means a relative unconsciousness of objectives. In the extreme, this means total temporary unconsciousness, or even suicide. From this need for escaping some realities, also come idealistic philosophies, metaphysics, theologies, and other-world moralities.

Those who are impressed with their own inadequacy, fear, shame or guilt over fleshly, earthly things, will now approach other religionists' flight from earthly things, to a dialectic or metaphysical "spirituality," with this predisposition, namely: the predisposition to interpret certain emotional and ecstatic experiences in terms of the "super-



natural" and "spiritual." Behind this we always find a feeling of sexual fear, shame and guilt. This is the one constant factor (conscious or unconscious) which induces the pious emotional self-appraisal of worthlessness and "nothingness." As a neutralizer for this emotional sickness, some persons resort to the trick of giving a glorified moral value to their guilt, under the pious label of religious humility. If the feeling of conscious or unconscious sexual guilt is very intense, this will sometimes be shown by an equally extravagant or morbid valuation of moral righteousness, especially sexual orthodoxy of one sort or another. A morbid feeling of guilt concerning our sexual impulses may thus exhibit or disguise itself as an equally morbid attachment to some "idealistic" moral superiority. This pious humility, and its inseparable, equally pious self-exaltation, are but different aspects of a badly split personality and of a sick conscience. The greater the feeling of guilt and degradation arising from sex, the better prepared is such a person for the acceptance of theories which seem to identify him with superhuman or supernatural beings, and superrational sanctions for a claim of spiritual excellence. Such delusions of grandeur serve to compensate for an equally delusional guilt previously imposed by the other religionists. Behind all egomania and theomania there has been found such a morbid feeling of sexual guilt. Often this feeling of guilt does not of itself emerge into consciousness as being guilt. Usually the more potent part of the experiential sources of it belong to infancy and childhood, and have been successfully excluded from consciousness. However, such repressed emotions continue to work from below the surface of consciousness, and so create the need for "religious" experience, the means for its achievement, and the control of its theologic explanation and its superhuman valuation.

The success of the religious revivalist depends in large measure upon his ability to stir this unconscious, as well as the conscious feeling of guilt, into activity. It is only upon the resultant fear of punishment and the consequent longing for forgiveness that the exhorter can induce the acceptance of his metaphysics, his theology, or his scheme of salvation. Those who are free from the feeling of sexual guilt will have avoided practically all of the temptations which make for other accessions to the feeling of guilt. *Where there is no sick conscience, there is no need for absolution or for a redeemer.*<sup>5</sup>

<sup>5</sup> Guilty Feeling as Creator of Religious Experience, or The Subjective Conflict in Religion. PSYCHOANALYTIC REVIEW, Vol. 16, pp. 46-54, January, 1929.



The psychanalyst has a technique which is designed to assist the emergence into consciousness, not only of the guilty feeling, but also of the experiential sources which gave to the inevitable facts of life the more or less morbid emotional valuations of the sick conscience. The objective cause for a sick conscience the psychanalysts have found to be largely in the activities of institutionalized religion. He corrects the disease at its experiential source. When there is an *emotional* acceptance of or a harmony with the inevitable, then the phantasmal remedy of supernatural experience and "divine grace" is no longer needed, because the more or less morbid guilty feelings have been outgrown—that is, cured.

#### NEW APPROACH TO RELIGIOUS EXPERIENCES

Various religionists tend to make orthodoxy depend upon the *effect* of a "religious" experience, upon the experiencing person. The acceptance of its particular moral code or valuations; or the following of its prescribed attitude toward life's problems; or accepting its particular sectarian theology; or the following of its prescribed rituals, discipline or habit of religious life; any of these may be made the standard of orthodoxy for any particular group of religionists. The psychanalyst tries to get behind these differing outer indications, to study the inner aspects of psychologic behavior, the quality of their imperatives, and the conditions which control their specific processes and manifestations. We see in the personal description of the subjective aspect of all religious experiences a very great similarity. The necessities of scientific investigation, confirmed by such observations as have already been made, impel us to assume that behind the diversity of audible and visible evidence of religious experience, there is a mechanistic uniformity in the psychological antecedents. In so far as that can be generalized, it may then give us a naturalistic explanation for the origin and growth of religious experiences and institutions, without the assumption of any supernatural existence, or intelligent guidance in the universe.

Again, viewing religion from the psychogenetic viewpoint, we seek an *empathic* insight and understanding of the "religious" experiences. Thus we have come to see mainly quantitative differences in its emotional and ecstatic aspects. However different the self-explanation may be, the complete unconsciousness of some mystics is not essentially different, in its inner aspects, from the psychologic state of an ordinary conversion. Both are based upon a great need for something like redemption from an obsessing feeling of sinful-



ness. That is the essence of religious humility and of the compelling need for moral regeneration. All wish to escape the present feeling of guilt, the fear of death, or of *post mortem* punishment. They get the desired relief and reassurance through an emotional explosion. All attach great emotional or moral value to their alleged escape from ordinary healthy-minded sexual attitudes, cravings and indulgences. The mystical union with God, or with the absolute under any other name, now becomes the "highest" earthly aim of the religionist, and gives him a foretaste of the eternal bliss which he hopes to enjoy in heaven.

All this is viewed by psychoanalysts as being but a delusional relief for a sick conscience. Instead of arguing against the delusion, we cure the victim. When the morbid self-accusation has been outgrown, no redeemer is needed or desired. When the church's cease making unconscious contribution toward the creation of morbid psychology, then the church will have no function to perform. At present the best that can be said for the church is that it makes ignorant attempts to cure the mental ("moral") disorders which are mainly of its own creation. The result is only a change of symptoms. Instead of this, we desire to promote a greater healthy-mindedness, using more objective and more mature intellectual methods, than any which are current in metaphysical or theologic speculation, or exposition.

#### THE NATURAL BEGINNING OF RELIGION

A psychogenetic study of a number of mystics, and religious enthusiasts, suggested to me that sex was the real basis of all mystical experience and of all religious enthusiasm. Other psychoanalysts uncovered material leading to a similar conclusion. Some of my personal studies gave me a rather intimate picture of the mental mechanism and the motivation behind such mystical experiences. Always the explanation and the essence of these experiences was sexual. It is noteworthy that the religious crisis usually comes during pubescence and adolescence, or at the climacteric.

Now, accepting the theory that the evolution of the individual is a compressed and imperfect recapitulation of the evolution of the race, we may conclude that the racial origin of religion must also have a sexual basis. This led to an elaborate study of phallic worship, which was found to have existed the world over. Perhaps the approximate universality of religion is due to the universality of sex. Applying my knowledge of the religious mental mechanism to the



known facts of phallic worship, I made the following formulation of the psychologic processes by which religion arose.

As the human animal develops into self-consciousness, it is but natural that the interest should first be absorbed by bodily sensations. The most persistently recurring, intense and joyous of these center around the sexual impulse. Even in the preadolescent stage there are sensuous experiences which are sexual in tone and quality. With sexual maturing, this becomes accentuated and develops to a more thorough organic localization in the reproductive apparatus. I therefore inferred that the various manifestations of sex presented the first general human problem, to be consciously pondered for explanation, for solution.

In the beginning of sex consciousness, that is at the coming of racial adolescence, man found in the sexual apparatus and its functioning, perhaps the first conscious, and quite certainly the most intense, joy of existence; the first visible, and seemingly the most immediate condition of life; the main source of man's strongest and most conscious emotional dependence; the first sense-perceived associate of man's "highest," deepest, and almost his only hopes, longings and joys, as well as the instrument for their realization. From this fact, and the affective exigencies of family life, came the factors of jealousies, fear, alarm, and moral guilt. Aware that the sex-impulse was beyond the direct and immediate control of his own volition, man naturally invested the generative organs with some sort of psychic life of their own. Spreading from there outwardly, by association, and by animistic projection, many other phases of nature later became similarly invested. So came nature worship. Sexual activities, so obviously beyond the control of his own conscious will, suggested a superhuman intelligence. This would at first be thought of as resident within the phallus. The intelligence seemingly knew and controlled the sexual organs, and at times even the whole man, with seemingly perfect adjustment, as an efficient means to beneficent ends.

Under such primitive conditions, it was inevitable that the solemn awe of sex mystery, the seeming transcendence of sex ecstasy; the conscious dependence upon sex for joy and life, as well as our valuations of beauty, sublimity and love; all these, combined with the supposed superhuman intelligence ascribed to the sexual organs, became inevitably fused into a worshipful reverence for the sexual mechanism as the original, intelligent, objective, creative, and seemingly ultimate source of nearly everything which, to primitive



humans, was felt to be of supreme importance. Thus, at the very threshold of human self-consciousness, we find the development of phallic worship, geographically the most general worship of the world. The approximate universality of religious needs is now seen to be due to the generality of the sexual drive among humans. Even now, we have only outgrown the frank use of its rhetoric and some of its symbolism. The religionist's absurd over-valuation of sexual regularity, and the claimed sacramental character of marriage, are the lingering evidence of the continuing influence of phallic worship. Religious awe, mystery, beauty, sublimity, love, ecstasy, benevolence, and morality; all these factors underlying phallic worship are still inherent in the modern religious experience. I believe this in spite of, and partly because of, the frequent frantic denials. These sexual factors are perhaps most complete in the most thorough mystical experience of God. The progress of the race has been one from phallic worship toward a secularized sex.<sup>6</sup>

#### SEX AND MYSTICISM

In due time the primitive man's relatively simple mystification of mere ignorance grew into the more complex and perplexing mysticism of the personal experience of the "absolute." But again, the psychoanalytic approach and its method of psychogenetic research give us a very different and very naturalistic explanation of both, the mystical experience itself, and its supernatural interpretation. Of this I will now give some account.

Again I must be content with giving you an all too brief, and very inadequate, merely dogmatic statement of the controlling sexual component in the mystic's experience of God.

Sexual fears, shame and guilt, based upon condemned and repressed desires or upon irregularities of sexual conduct, bring moral self-reproach and religious humility. Out of such feeling of guilty inferiority comes the emotional need for some super-normal affiliation or superhuman approval, as a compensation or neutralizer for the delusional fear and guilt. The resultant feeling of a delusional superiority is the comfort of religion. From a growing intensity in the emotional conflict over sex comes the morbid concentration upon

<sup>6</sup> Phallic Worship to a Secularized Sex. *Jour. of Sexology and Psychoanalysis* (N. Y.), I (No. 1), 73-87, January, 1923. Republished in: Stone, Lee Alexander, *Story of Phallic Worship* (Covici, Chicago), 1927, 631-52. See also my *Erotogenesis of Religion*, a bibliography. Bruno Chap Books (New York City), Vol. 3 (No. 2), 59 pages, February, 1916.



sex. Often that is an obsessing phobia against a normal sexual life. This is at times manifested by a morbid inhibition against even a consciousness of the physical aspects of sex. So comes the verbal divorce between the physical aspect and the psychologic aspect of sexual love. The physical aspect is reprehensible lust, and the psychologic aspect is "pure" or "divine" love. With the growth of erotic morbidity also comes an increased capacity for psychosexual explosions with their accompanying ecstasy and phantasies.

With a growing intensity in the need for a supernatural compensation, or a supernormal neutralizer of the sexual fear, shame and guilt, the psychosexual ecstasy becomes spiritual love, the inner touch of divinity. The vague, phantasmal, "super-sensual" lover evolves to a verbal deity. The mystical experience of God is now complete. By thus identifying themselves with the imaginary "super-physical," or hallucinatory, or "spiritual" love-object, these afflicted ones "exalt" themselves above their more healthy-minded and sexually more normal-living neighbors. The intensity of their zeal of fanaticism is the exact measure of the intensity of the sexual fear, shame and guilt which it conceals, and out of which the religious need and phantasm was created.

The emotional conflict over sex includes the fear, shame and guilt, as well as the so-called guiltless "spiritual" loves. The former may become rationalized as religious humility. The feeling of guilt and sin creates the emotional need for superhuman forgiveness, the longing for a redeemer, for superhuman affiliation and identification. The urgency of the need produces its own relief in a wish-fulfilling phantasy. Approximate continence, or some morbid craving for it, implies the organic preparedness for a psychosexual explosion and release of tension. This then becomes the conclusive evidence, the direct and immediate "instinctive knowledge of God." Accordingly you cannot by searching find God, but "God" has found the mystic.

Every emotional aversion to this newer viewpoint, or to its fruits, exhibits only the victim's relative incapacity for intelligent or scientific criticism. Such criticism depends quite exclusively upon the development of better methods of psychologic research. This will come through the further perfection of the psychoanalytic method of observation, and through the more thorough coördination of its data, by the use of ever more mature intellectual methods. Betterment cannot come from a mere emotional aversion to the results, except as that dislike produces a critical improvement of the method of observation, and of the intellectual methods in general.



## MATURING INTELLECTUAL METHODS

A number of times I have referred to the existence of different degrees of maturity in our intellectual methods. It remains to give some hint as to what may be meant thereby. It can be no more than a hint, since an adequate presentation would require a volume. I will now briefly and dogmatically summarize some of the factors which enter into my concept of the subjective aspect of the maturing of our intellectual methods, as follows:

(1) The relative maturity of our impulses, both before and after becoming conscious as desires: Here I mean to imply qualitative differences between infantile, childish, adolescent and pubescent, and still more mature longings, urges or desires.

(2) The relative maturity of the mental mechanism by which our impulses make themselves effective in thought and action. Here I have in mind such differences as: (a) attempted adjustment through unconscious animistic projection; (b) a more conscious reading of ourselves into others, and into nature as a means of adjustment; (c) the study of objective factors essential to a more harmonious adjustment, and then subordinating and changing of the previous desires to a conformity with the inevitable facts, and thus insuring a more comfortable and more developing adjustment to the environment.

(3) The relative degrees to which we are conscious of the determinants, which come from out of our psychologic past and which now control the precise quality of our impulses or desires, as well as the reaction pattern by which these impulses make themselves effective in thought and action.

(4) The relative quantity, variety and complexity of experiential, and of cultural and scientific material, which is available and which is actually and consciously coördinated into any particular judgment.

(5) The relative degrees of thoroughness with which all of the available data are coördinated into each single action or conscious judgment.

(6) The manner of their use, as to whether or not they are selectively grouped and ignored so as to rationalize and confirm our immature impulses, or are more consciously and completely coördinated in order to check and correct, our probable subconsciously determined and less mature predispositions.

(7) The relative degrees of thoroughness to which we are con-



scious of all these processes, especially as they eventuate in the rationalizations of the controlling and usually unconscious impulses, in combination with some usually more conscious desires.

This then is my tentative and highly condensed dogmatic description of the psychoanalytic approach to the problem of religion. To this has been added an equally tentative and compressed description of my conclusions, in so far as my present investigations have been followed by a general formulation of the findings. I have concluded by indicating all too briefly the main general factors which are implied by the maturing of our intellectual methods. It is by some such standards that religion and all controverted conclusions will be judged. By applying that standard I reach the conclusion that institutionalized religion is the greatest single force in our society to preclude the better mental hygiene, and to prevent the use of more mature intellectual methods, as these might be applied to all social problems.



## ON HOMOSEXUALITY \*

(A LECTURE)

BY PAUL SCHILDER, M.D., PH.D.

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I want to report here some cases of homosexuality which I have observed. They will afford us a psychological approach to this important problem. This is, of course, only an initial approach and I do not here intend to "solve" that problem. I shall begin with the report of a case I had the opportunity of analyzing for 7 months. The patient came to me with the complaint that he felt attracted only by men and in no way by women and girls. When he was fifteen years old he once had relations with a servant girl but since then he had never succeeded in any sexual contact. Just before he came for treatment he was in a brothel but could not get an erection and felt very much dejected about it. In none of his relations with men has he ever had real sexual intercourse. All of his relations with men have been of the psychic type and are connected with many phantasies.

At the time when he began treatment he had a friend who was of a very virile and masculine type as were all his friends. He is not fond of the so-called typical homosexuals, of homosexuals who make a rather more feminine impression. He prefers friends of the distinctly masculine type and he wants to be superior to them. This superior attitude he achieves by being very amiable, by being necessary to them, by showing them some intellectual superiority. In his relations with these friends he displays a double attitude. On the one hand he wants to take the place their girl friends play in their lives and he sometimes imagines that he has intercourse with his friend and thus takes the place of the latter's girl. He, therefore, never has friends who are really homosexuals. He is attracted only by men who are typical heterosexuals. On the other hand, he wants to make his friend inferior and himself to achieve superiority over this friend. In short, he wants to bring his friend into the feminine position and this is his double attitude.

\* Read before the Washington Psycho-Pathological Society, Jan. 28, 1929.



Now, it was interesting to observe that this double attitude towards his friends was based upon a special attitude he had acquired towards his father. The patient's father was a man of decidedly masculine type. The patient always hated him even from childhood and hates him still. He wants to be superior to his father but he is fearful lest he will not achieve this. His wish is to see his father far beneath him. It goes back to early childhood, but he has always feared his father, always felt that his father was much stronger than he and that he would never become so strong as his father. With this wish, one of the patient's experiences takes on a great importance for his whole sex attitude and for his life. It is important from a theoretical point of view that all his tendencies of superiority and inferiority are based upon sexual scenes that he witnessed when he was a very little child. He slept in bed with his mother and he observed rather frequently that during the night his mother would go to his father's bed after which he would hear noises that made him surmise that something was going on. Once when he was seven or eight years old he went to his father's bed where his father and mother were cohabiting and was promptly sent back by his father. This situation has very likely been of the greatest importance in his life. In puberty he had phantasies of many men and women in intercourse and in these phantasies he himself sometimes played the part of the woman and sometimes the part of the man. He wanted to play the part of the father but he always had the feeling that his father was stronger than he, that he would never approach him, and he therefore began to feel "if I cannot play the part of my father, then I will play the part of the mother." He identifies himself with his mother fearing that he will not be able to identify himself with his father.

The patient's father had very often beaten him and had ridiculed him because of his feminine attitude. He, on the other hand, began to despise his father because the latter had had many promiscuous relations. The father had once had a gonorrheal infection and the patient had observed him in pain during urination. In puberty the patient built up the idea that he did not want to be like his father, he did not want to have sex relations with women. He built up an ascetic ideal and it is very important to note that this ascetic ideal derives partly from the feeling that he is weak in comparison with his father. Nevertheless, he never gave up this fight against his father. He always wanted to be superior to him and he wanted to get this superiority by being more clever, more educated than the



father. And that, too, is his attitude towards his friends. He does not want to be like his father in relations with girls, fearing that he might not be strong enough. This is an important motive in almost every homosexuality, *vis.*, that the heterosexual partner seems somehow too distant, too difficult to reach and therefore the individual decides to take what is apparently the line of least resistance. At the same time, however, he does not want to give up his masculinity and being, as I have described, superior to most masculine men, he still maintains his masculinity. His masculinity is somehow threatened but he retrieves it in a roundabout way, by a detour. This, I think, is one of the deepest rules in many homosexual cases.

As psychoanalysts, however, we cannot believe that events in the seventh and eighth years of life can be of such great importance for the whole of development. We suppose that something must have taken place in an earlier period of life which points in the same direction. The patient's first memories appeared in connection with a dream which he brought in one of the first hours I had with him—"I am in a gray suit and have a knife in my hand. I press the knife to my heart. The knife is not made of metal, however, but of *papier maché* and collapses slowly and falls together." The associations to this dream lead very quickly to the fact that the gray suit is a suit of his present friend and the next association was the following memory. When he was about four years old his father once came home drunk and was violent towards his mother. His mother became very excited, was very frightened and made an attempt at suicide, taking the kitchen knife and trying to stab it into her chest. In this dream we see very clearly a hint of the father. The father violent, the father pressing the knife, the phallus, and the mother suffering, the mother falling down. He wants to bring his friend into this same position and he himself also wants to be in the same position; or, in other words, it is very likely that at an early age (before five) he had the opportunity to observe the sex life of his parents, the activity of his father, the passivity of his mother, the feeling that his father might be very dangerous, very violent and that perhaps it might not be possible to do the same as the father does. We can also say that at bottom there is here a double tendency to identification: first and primarily the tendency to take the place of the father but feeling himself too weak, he takes the second course of identification, *vis.*, that with the mother. But that does not satisfy him and so he tries to regain his superiority in a roundabout way, by being superior to the most masculine man, the father.



This patient also had a strong love for his mother as well as for his sister. This is something that we always find in homosexual cases. There is no case of homosexuality in which there is not also a phase where heterosexuality plays a great part. In this patient it appeared in a very clear way. In the quarrels between his mother and his father, he always fought against his father, taking the part of his mother. In an interesting dream which he brought, he dreamed about a man in a parcel with strings around it who is being pulled out of the water. It turned out that in some way that parcel, the package, is a symbol of the mother's uterus, that he was always interested in his mother's uterus and in the operations she had undergone as well as in the womb of his sister who had also been operated on very often. The same hostile attitude that he has towards his father, he also has towards his brother-in-law. As in every other patient of this type, we find in him a very strong heterosexual tendency which appears also very clearly in many little psychic love affairs he had in early puberty. He had completely forgotten these affairs when he began the analysis but he then gave the typical history of homosexuals, *viz.*, that when they were little boys, they were interested only in the things that women are interested in. "I played only with little girls and I have always had an interest only in men." It is this sort of history which has caused some psychiatrists to believe that homosexuality is a fate one brings with him from birth and can never lose.

But, in this whole picture, there is one point which is of especial importance and that is, the particular relation this patient had to his phallus. He always had a feeling of inferiority concerning it. We always find that these cases are in despair, that they will never equal the father, never be as strong as the father and, in the more concrete way of childish thinking, never have as big a sex organ as the father has. It is also very important to hear from our patient in this connection that he was very much concerned at the time of puberty because he felt that he did not have enough hair around his phallus. He masturbated before a mirror and always observing his phallus not having enough hairs, he took cotton and put it around his genitals in order to substitute the pubic hairs. This is indeed an important feature and we see here that the general feeling of inferiority is not really a generalized feeling but is based upon a relation to a special organ, to the phallus. We find this almost invariably in cases of homosexuality.

Some other features did not appear quite so clearly in this analy-



sis although the practical result was satisfactory, but our experiences in other cases make it very likely that these factors were also present in our patient, especially the fact that he wanted a love object possessed of the beloved phallus. The above related parcel dream makes it probable that he saw it in the mother but did not find it there. When our patient is in his masculine attitude, he may find in his friend the mother with the phallus whereas he himself plays the part of the father.

I will pass directly to the second observation, a boy of twenty-two, whom I could not analyze for such a long time as I did the first patient. I can, however, prove in this other case that this patient, too, clearly had a strong interest in heterosexuality. He had a very great interest in his mother, a very great interest during puberty in girls, but he was in fear that he might not be strong enough to maintain this relation to girls and during puberty he built up the fancy that it would be easier to have intercourse with a cow, the introitus of which is not so narrow. We meet again this idea that sexual intercourse is too difficult; that he, the patient, is not strong enough to have such a sex relation. I might add, in connection with this patient, that at a very early age he already had very strong sex interests. When he was about five years old he gave money to a little girl of four years to induce her to allow him to put his genital into hers. He had a very strong general sex activity.

Now, something very interesting happened in this case. When he was about six years old he went to school and was seduced by a rabbi who, after the lesson, took some of the schoolboys into the classroom and ordered them to touch his erect phallus. It is interesting from the general point of view of the psychology of seduction, to know how this seduction took place. Our patient had heard from other boys that something of the kind was going on. He did not want to go away and arranged it so that he could go to this teacher and be alone with him. When he saw this man's erect phallus, he got a feeling of inferiority, compared his small organ with this big one. His whole childhood is filled with his interest in the phallus of other persons and with an interest in measuring his phallus with that of others. He developed an enormous sex activity and had sex relations with almost everybody in his class. It is interesting to know that at this time he did not have a feeling that these homosexual actions were really sexual and he felt that the heterosexual actions are quite as important but something very different. And this we meet not only in the psychology of homosexuals as long as they are



children or as long as they are in puberty, but in some way all their perverse actions are not considered as real sexuality. I have seen female patients who were rather prudish in heterosexual relations but who did not have the fear that the homosexual relation really had something to do with sex. This is of very great importance for the general psychology of homosexuality and perversion.

I want to continue about this boy. In his later life he continued his extensive homosexual activity, always in fear that he was too weak to have relations with girls. His attitude was sometimes active and sometimes passive. In the latter attitude he wanted to receive the phallus of his partner into his anus and he often had passive anal intercourse with others. His passivity is not primarily chosen but is resorted to because he does not feel himself strong enough to be active. This passivity culminated in an interesting delusion which he developed at about eighteen years of age. He believed that by anal intercourse he would get a child and that he would get the Nobel prize because he, as a boy, was able to give birth to a child. He developed this idea at a time when he suffered very much from inflamed hemorrhoids. It is important to see here again a great interest in the phallus, a feeling of inferiority based upon the feeling that the phallus is insufficient and then a consequent regression to passivity which, in this case, is closely related to the anal attitude. In the course of the treatment, he had intercourse with prostitutes but he experienced his sex excitement chiefly through the idea that another man's phallus was in his partner's vagina also having intercourse. Feeling his own semen in the vagina, he immediately got a second emission without withdrawing.

I mentioned, in connection with the other case, that most homosexuals who come to us, come with the homosexual legend that they have been homosexual from the beginning, that they have never changed and that they always had sex interests only in boys and have never had interest in girls. In both my cases I have demonstrated that the homosexual originally has strong heterosexual tendencies. But there is another part of what I would like to call the homosexual legend and that is that the homosexual is not really interested in the anus of the other man but that he is merely interested in coitus inter femora and that only a few attempt anal intercourse. That might be true in the consciousness of homosexuals. Indeed, it is true that many homosexuals abhor anal intercourse but not so many as stated in some of those books which plead for homosexuality. If one analyzes homosexuals, however, one finds that every one of them



has the primary tendency to anal intercourse. This is a matter of course if we consider these things from a psychoanalytical point of view. If we have before us someone with a tendency to passivity, there must be an organ for this passivity, an organ which takes in something. Passivity and anal sexuality must therefore be very closely connected and if we analyze any homosexual, we always find that the feeling of not being strong enough to be active or, to put it more concretely, the feeling of "My phallus is not strong enough to be active" must be connected with the feeling "Then I shall be passive, I have the organ for this passivity." I would say, therefore, that male homosexuality and anal erotism are always connected with each other, but in consciousness the process of repression often makes it appear as if the homosexual abhors anality.

Before I discuss these problems from a purely theoretical point of view, I want to report a third observation of mine. This is a patient whom I could not analyze for a long time. He began treatment when he was about thirty-seven years old. He liked to speak with boys between the ages of twelve and thirteen or fourteen. He was not at all interested in older boys. He did not do very much with the boys he liked. He tried to have a talk with them and during such conversation he ordered them to tell him something about what happened in school and he was especially glad when the boys told him that their teacher had been dissatisfied with them, had punished them, had put them in a corner, etc. Sometimes the patient experienced a desire to beat these boys himself or felt a tendency to pull their ears and at such a time he experienced sexual satisfaction. He never performed real sex actions with these boys.

There was also something else about this patient which was of interest. He was a rather wealthy man and whenever he had met such a boy and had spoken to him, he felt somehow obliged to care for the boy a little more. He would approach the boy's parents, speak with them and very often he arranged to take care of the boy's education or, as he himself put it, he behaved towards the boy like a mother. This is his sex life.

In his manifest sex life, indeed, he has never shown any interest in women, but it appeared in the course of the analysis that he was very much interested in his mother and this relation to his mother was of a special type. He came to this topic in the following way. In the course of the analysis it became clear that the patient had no idea as to what sex life is and that was the more astonishing as he was the owner of an estate where he had cows and bulls, etc. Once



he asked me whether the erection were not a sign of shame. He believed that one got an erection only if one were ashamed. In connection with that, it appeared that he had his first erection when he was about eight years old and had been beaten by his mother and it was therefore that he wanted to hear that the boys were ashamed. He felt that the boys, telling about it, would also have an erection and he himself at such a moment also got an erection. It appeared that in his phantasies as a boy, he supposed that something similar took place with his mother when she was beating him. In other words, this scene that he lived through with his mother, *i.e.*, being beaten, getting an erection, and supposing some sex excitement in his mother, has become the scene after which his later sex life has been molded. When he wants to beat these boys or to pull their ears, he wants to take the part of his mother. In other words, in his sex life he identifies himself with his mother.

Now we understand why this man has the intention of caring for these boys, paying for their education, etc. We can state generally that we have here again the love for the mother and the identification with the mother. We can say that in the first case I reported, the patient identified himself with his mother because he felt himself too weak to identify himself with his father. In the present case the genesis of the identification was different. The patient began to identify himself with his mother when he was about twelve years old. At that time his older brother became schizophrenic and his mother and father (especially the mother) who were very old in comparison with the age of the child, withdrew their affection from our patient. He had never been shown much tenderness by his mother but even that little was taken from him. He felt very lonely, felt that he would not have the love of his mother, and at that time he resolved to take her place. We see this mechanism very frequently, *viz.*, that in the moment of great disappointment, the disappointed person terminates the love relation by identification. It was at such a moment that the patient took the place of his mother, feeling that then he would be loved by boys of this age in the same way that he himself had loved his mother. That is the mechanism of identification. We identify ourselves with other persons in order to gain the love, the esteem, the other persons possess or, as *Freud* puts it, we identify ourselves with other persons on the basis of the same wish. We identify ourselves with others when we want to get what the others have. In this case that is indeed the cause for the identification and we now understand why the patient plays the part of the



mother, why he began to play this part when he was twelve years old and why, throughout his life, he is interested in boys of that age.

I want to stress one point. The patient has had a great number of relations of the type mentioned, in fact two of the patients of whom I speak were very polygamous and my general impression is that perverse persons are for the most part much more polygamous than heterosexuals usually are. I do not underestimate the promiscuity of heterosexuals but still it appears small in comparison with the promiscuity of the average homosexual. That might have something to do with the fact that it is very likely only at the highest, the heterosexual, level that we find that development of tenderness which makes it possible to cling to the love object for a longer period of time.

In returning to our case I want to stress the fact again that an especial interest in his own phallus was also present in this patient. It appeared in the following way. He had a phimosis and had resolved, on the advice of his family physician, to rid himself of the phimosis by operation. It required a long time for him to make such a resolution. On the day before he was to be operated, he caught a cold and could not be operated on the following day. Now, it was interesting that after that, the patient never again had the idea of being operated on. It is of further interest that, during the night before the operation was to have been performed, he dreamed that he broke his leg and that he was very much frightened about it, a rather clear symbolism. In very early childhood, between four and five, our patient had the feeling that it is the most terrible feeling to break one's leg. Along with that the fact came into his mind that he had heard something in old Greek myths of castration, breaking the phallus. This special interest of our patient in his phallus also appeared in the way he cared for this organ. In the winter time he always had a noticeable sensation of cold there and he therefore wrapped his phallus up in order to keep it warm and well cared for. We have found similar attitudes towards the individual's own phallus in the other cases. No psychology of homosexuality can neglect the interest of the homosexual in his own phallus. He does not want a person as a partner in love life who does not have the same valuable organ. Or, we could say that every homosexuality contains some narcissism, some self love. This self love centers on the phallus.

To formulate briefly, we may say that the male homosexual identifies himself with the mother. But the identification differs in different cases. There can be a disappointment in the love object (case 3),



there can be a feeling that it will be impossible to equal the father and therefore the part of the mother is taken (case 1); or there can be a feeling of insufficiency in regard to the individual's own phallus (case 2). In the last case, the incomplete psychoanalysis pointed to an identification with the mother, but the identification is not absolutely proven. Taking the mother's part does not necessarily lead to passivity. In case 1, the impossibility of equalling the father, leads to roundabout contrivances to become superior to him and to place him in the position of the female; the hated father then takes the place of the mother (with a phallus). It may also be possible that great tenderness on the part of the father forces the boy into an identification with the mother. Besides the identification with the mother in the male homosexual, the love for, and interest in the individual's own phallus and the phallus of the partner play an important part. With the passivity is connected a strong anality, the anus substituting the phallus of the mother. In one of my cases (not analyzed), the homosexuality was at least precipitated by the fact that a beloved boyish female teacher used to pull the patient's ears while standing behind him. The picture was marked by anal tenderness. In cases of female homosexuality the idea of not being able to accomplish the female sex function (narrowness of the vagina, ugliness) leads to identification with the father. In Freud's case of female homosexuality, this identification is reached in another way. In one of my cases, a twenty-six-year-old girl, rough playing with the father instilled in her a desire to be superior to him. His phallus had made a great impression on her when, as a child of four, she had observed him urinating. Her distrust of her female sex ability, on the other hand, drove her into an identification with the beloved father. She therefore chooses more masculine love objects and fights with them for superiority. In another case of female homosexuality, the child feared the severe father. On the other hand, she found in the mother with whom she slept, a fit love object. In a case of schizophrenia, the patient complained that her vagina was being obliterated and that in this way she was being made homosexual. It is not yet clear what part anal erotism plays in female homosexuality. We also do not know enough about the rôle of self-love and the narcissistic pride in the genitals in these cases. I suppose that the female homosexual would show an exaggerated pride in the care of her body. It seems that the female as well as the male homosexual try to take the masculine part when they want to achieve superiority over their father.



When we consider homosexuality from this point of view, we can never agree with the statement that homosexuality is based on special cells in the testicles, an opinion which Steinach, for example, expressed. We can never expect that homosexuality would be cured if we were to replace the patient's testicles with the testicles of a heterosexual individual. We must say that every case of homosexuality is based on a psychic development and only on such a basis can we understand the great variety in homosexual taste. In one of the cases which I have reported there is, for instance, an interest only in twelve-, thirteen- and fourteen-year-old boys. That cannot be due to a special type of cell in the testicles. We know, for example, that the first patient about whom I have reported is interested only in men of a very masculine type. Others are interested in men of a very feminine type and still others only in men who have reached a certain age, the senile phase, etc. In short, we must also take the psychological development of the individual into consideration and then we shall find that there was first a heterosexual tendency and that by the development of some infantile conflicts, heterosexuality has been replaced by homosexuality. We have here also an instance of the general idea that perversion is due to childhood conflict. This conception is somewhat different from the earlier psychoanalytical construction of perversion. You know that *Freud* at first expressed the opinion that perversion is merely a persistence of an increased partial desire. It may be that there is a homosexual partial desire but it is not the pure partial desire which persists but rather this partial instinct is increased in potency by what takes place in infantile life; or, in other words, a perversion is the result of an infantile neurosis. What is true for the perversion, generally, is especially true for homosexuality (*Cf.* Rank and Freud).

Now, what is the rôle of the body in homosexuality? It may be that the constitution plays a definitive part. We would never deny from the psychoanalytical point of view that there is a deviation in the sexual constitution also, but the sexual constitution alone never produces homosexuality if it has not been shaped by what takes place in psychic development.

We may now go a step beyond these formulations on homosexuality and draw some general conclusions about activity and passivity in sex life. We may ask what does homosexuality teach us about the essence of femininity and masculinity. In the instances I have given, it is clear that we cannot say generally that the male homosexual is passive or feminine. We find only that in the course of his psychic



development the passive, the feminine trends, can be increased and also that with the passivity the anality is increased. In addition to that, we find many active tendencies. But we have to assume that what appears in the homosexual must be present in the normal individual also. It is one of the principles of psychoanalysis that we never find mechanisms in the neurosis which cannot also be found in the normal person. The differences are merely quantitative. We must reckon with passive tendencies, the tendency to anality, in every male individual and a definition of masculinity as activity or of femininity as passivity is therefore wrong to begin with. We must presuppose bisexuality in everyone. We can say that bisexuality is somehow characteristic of the basal constitution of every human being and consequently we must suppose that female, passive and anal characteristics must be present in every male individual just as we must suppose that active tendencies are present in the female, too. *K. Schneider* has stated that the active attitude is an attitude which somehow consists only in looking down from above, looking down towards the woman in a protecting way, being stronger than she is. I think such a definition is wrong. It is absolutely erroneous to believe that the masculine principle consists in activity. There are active as well as passive tendencies in every individual, but it may be that the manner in which the active or passive tendencies are combined in the male is different from the way in which these tendencies are combined in the female. It is thus perhaps of advantage to consider the psychology of sex action, of intercourse, from a more general point of view. We may reckon with the general principle that the sex organ and the body generally may lead us to a better understanding to what the psychology of these organs may be.

We may say that in the first phase of sex activity the shape and action of the male sex organ show that there is a sadistic active tendency of intrusion into the other person's body; but that is only the first phase of intercourse and in the culmination of intercourse, when the intrusion has taken place, the activity decreases, the organ of activity is, as it were, given away. In other words, male sexuality consists in an initial phase of great activity, the activity being followed by passivity, by the feeling of being given into the power of the female and of the female genitals. Male sexuality can be recorded in a curve in which there is at first activity and then a succeeding passivity. The curve of female sexuality is perhaps the converse. In the first place passivity, receiving, followed by triumph, of having gotten the valuable organ of activity. There is a state



of superiority, of holding the man and his organ like holding a child, of having him in her arms helpless, powerless like a child. The female curve is passivity in the beginning and activity towards the end. The shape of the sex organs in both sexes expresses this clearly and we can say that sex psychology reflects itself in the sex organs, as psychology generally expresses itself in the organism. In the male body, on the other hand, there are organs of passivity, or receiving, *i.e.*, the anus; and we could say therefore that also in the male there must be some passivity in the initial phase of sex activity. I believe that in really satisfactory sex life not only the activity but also the passivity of the male has to be gratified.

We can say that what we meet in homosexuality is not something completely new but something which exaggerates only what can also be found in the sex life of the normal male and female. Activity and passivity are characteristic of every human being. Everyone's body is prepared to be not only active, to protrude with something into the other's body: the clitoris, the tongue, the phallus, but everyone's body also has parts which are ready to receive: the mouth, the vagina, the anus. We can therefore say that we may understand the psychology of sex only if we consider it under the double aspect of the desire to intrude, the desire to be given to the body into which we intrude. Intruding and being within, being strong and being weak, these are the two poles of every sexual activity.<sup>1</sup>

<sup>1</sup> Cf. Sadger, Freud, Stekel and Schilder. (Quoted in my paper in the Zeit. f. d. ges. Neurol. u. Psych., Vol. 59, 1920, and my book, Seele und Leben, Springer, 1923, and the papers by Boehm in the Internationale Zeit. f. Psychoanalyse.)



## PROBLEMS IN GENERAL MEDICINE FROM THE EMOTIONAL STANDPOINT \*

By ANITA M. MÜHL, M.D., PH.D.

I shall take it for granted that you are all familiar with the structure and functions of the vegetative nervous system, or as it is variously called, the sympathetic or the autonomic, and I shall not take time to discuss it in detail. For the purpose of to-night's presentation it is sufficient to remind you that the vegetative system is that system through which the involuntary processes of life are maintained and regulated, that it closely interacts with the endocrines and that it is completely influenced by the emotions. As you probably remember the vegetative system is made up of two sets of fibers—the sympathetic coming from the thoracic and upper lumbar segments and the parasympathetic coming from the bulbar and sacral regions. When fibers from both of these sets go to the same organ we have them acting antagonistically.

It is particularly important to keep the foregoing in mind because of its relationship to many of the conditions found in internal medicine which have developed in response to harmful stimulation through chronic unfavorable emotions such as worry, anxiety, resentment and the more intense reactions of fear and hate. I am not, in this paper, referring to the hysterias but to actual chronic organic states. I do not wish to be misunderstood on this point. In order to make this clear I shall cite a group of cases picked at random from among my histories.

The first case is that of a woman of about fifty who for over thirty years had been suffering from a particularly severe asthma. She had had the help and advice of some of the best internists both east and west, but was unable to get anything more than temporary relief at any time. About two years ago she was referred to me by her physician who said: "I do not think there could be any emotional basis for this difficulty but in the past thirty years every other field has been investigated but that one. She has nearly died during several attacks. She is so worth while that anything that

\* Read before the San Francisco County Medical Society, September, 1928.



could be done to help her would be appreciated not only by me but by all her family. Please interview her and let me know what you think."

After my first conference I called the physician, who was a conservative internist, and told him frankly that I felt the whole difficulty was purely emotional and so the case was turned over to me to be studied. It took three weeks to change that severe asthma to a hard cough, three weeks more to change it to a loose cough and at the end of six weeks the respiratory distress had entirely disappeared. After *thirty years!* Of course during all these years there has been real change in pulmonary tissue, but now with the exception of an unstrained clearing out of the lungs in the morning there is absolutely no respiratory or pulmonary difficulty, except when she starts to worry over financial conditions, at which times she starts in to wheeze and have difficulty in breathing again.

And what was the trouble? A chronic submerged emotional distress totally unrecognized by the patient which had been operating ever since she had been a child. This anxiety was based on financial strain. She was the oldest in the family and her earliest associations were with lack of money and the necessity of the parents maintaining a certain social standard. As she grew older she had to give up many cherished ambitions in order to conserve finances and at the age of sixteen was assuming family responsibilities of many kinds. At the age of eighteen a financial crisis arose and her respiratory disorder dated from that period. The analysis brought to light many hidden resentments over frustrated plans and many disguised fears of eventual financial disaster. Consciously she was courageous, gay, happy and contented. During the day time while she was distracted and interested in her work which she loved, she was fairly free from respiratory distress, but at night when all the difficulties of the past and the future loomed up, she reacted with terrific attacks of asthma. This patient developed a wonderful insight into her emotional life and with the redirection into constructive channels and outlets of the energy released when the buried conflicts were unearthed she became a truly happy and totally different person and has been so for the past eighteen months. She has gained in weight and remarkably in vitality and endurance. The interesting thing about this case is, that the patient was quite unaware of the nature of her conflict; in fact, when she started out she felt that she didn't worry about financial matters at all. I am stressing this because many colleagues have said to me—"but I've asked the patient over



and over if she worries or if she is fearing anything and she insists she isn't, so I'm sure there can't be any disturbance of that kind." It is just about as consistent to take the patient's word for this sort of difficulty as it is for you to accept her word that she hasn't typhoid when you know she has, or that she hasn't appendicitis when you know she has an appendix that is about to rupture.

Symbolically this is all most interesting. We know the symbolical value of money, and when we realize that the respiratory tract is developed from an offshoot of the gastrointestinal tract, we have a significant association. This is the fifth case I have had in which financial stringency has expressed itself as respiratory distress and when the financial difficulties were cleared up and the association of ideas recognized by the patient, the respiratory disorder cleared up.

The second case which I wish to present is that of a woman of forty-five who came for analysis after a series of illnesses lasting over ten years. The first physical disorder was a toxic thyroid which was removed surgically. A year after this severe indigestion with gastric hyperacidity developed and following that a gastric ulcer made its appearance, which required three years treatment before it cleared up. After the ulcer was healed a diagnosis of chronic nephritis and high blood pressure was made and the patient had been under treatment for this for some time when her physician, an excellent internist, decided it might be worth while to investigate the emotional life of this patient. As he said—"We have worked and worked and we no sooner get one disorder cleared up than another appears and the only thing left to investigate is her emotional life."

Under study it developed that this patient was fairly riddled with fears and had been in a state of chronic anxiety—exceedingly well disguised—for the past fifteen years. With the straightening out of these conflicts, the blood pressure which had been obdurately high began to come down and the nephritis which had been nonresponsive to the most careful treatment before began to clear up. This patient has been well for over three years now and has developed no more illness or disorders.

At this point I wish to cite an amusing case of an eastern psychiatrist. A very famous surgeon sent a young woman who was suffering with toxic thyroid to him with the request that he get rid of some of her fears so she could be operated on, her pulse being so rapid that surgery could not be considered. The psychiatrist analyzed the girl and at the end of three months sent her back to the surgeon



minus fears and minus her goiter! The famous surgeon bewailed the loss of his patient but expressed happiness over the outcome of the case.

It may be wise at this point to briefly point out some of Ziegler's experimental findings with regard to emotional states and the metabolic rate. These experiments were carried out with psychoneurotic veterans as subjects. The patients had been noted to have high metabolic rates without any apparent organic cause and with no goiter. The experiments were carefully checked and controlled. I quote from his summary—

“Psychoneurotics without goiter usually respond when thinking about an emotion-producing aspect of their past history, by an increased metabolic rate.”

“Some patients who showed increase in metabolism and practically no objective reactions were not aware of any emotions at all.”

“The pharmacodynamic influence of unpleasant memories, ideas and worries is a subject worthy of much investigation in order to understand the phenomena of disease and discomfort, and the conservation of human energy.”

“Lying apparently still in bed is not to be taken as a criterion of rest.”

“Exophthalmic goiter with disputed etiology should be studied to see what components are due to secretion of thyreoid and what may be due to lowered threshold of emotional reactivity.”

These subjects of Ziegler's were all apparently resting in bed at the time of the tests and pressures were taken before the stimulation with unpleasant and worry ideas, during the period of meditation and following cessation of meditation on the unpleasant ideas. And may I stress right here the fact that you may put a patient to bed but you cannot make him stop thinking!

A third group of cases often having a large emotional background includes the migraines and neuralgias. Whereas the cases cited before had as a background the emotion of fear with its variations of anxiety and worry, the cases which I wish to call to your attention now had as a basic emotional pattern hate, jealousy, resentment and anger.

The first case of this group was one of recurring incapacitating migraine of forty years' duration. The patient had been to all the best clinics in America and Central Europe without getting relief. When first seen by me he scouted the idea that there might be an emotional basis for the difficulty, but his physician insisted on a



study, so he acquiesced. Under free association a very early memory was evoked in which a slight blow on the side of the head subject to pain was received at a time when the subject felt enraged, humiliated, discriminated against, jealous, revengeful and resentful. This disagreeable incident was "forgotten" and buried for many years, but ever after any combination of resentment and just one of the others would be enough to precipitate a headache. These headaches had always put the patient to bed for two to three days and morphine was generally given, often without avail in relieving the pain.

This patient was taught to be on guard for all feelings of hatred, anger, resentment, jealousy, etc., and to recognize them as they appeared and work them out. On the other hand, as soon as a suspicion of a pain appeared, the patient went over all the day's happenings and hunted out all the untoward emotional factors and charted them out. In this way an automatic check of the headaches was provided. If, however, the headaches were allowed to develop to the incapacitating point the patient became unable then to stop the headache.

One case of persistent trifacial neuralgia which had received medical and surgical aid for years was found to be based on fear, anger and resentment—a deadly combination. This case took months of analysis and reëducation to produce any change.

I could continue to cite case after case but these are perhaps sufficient to give you an indication of the big rôle which the emotions do play in various chronic physical disorders. I should like to remind you that humiliation, fear with its allies, anxiety and worry are associated with toxic thyreoid, gastric ulcer, colitis, chronic spastic constipation, high blood pressure, increased metabolic rate; while hatred, anger, resentment and humiliation are seen in the neuralgias, migraines and many conditions dealing with joint pains and tensions.

How do these repressed emotions actually function in producing organic disease? In two ways quite definitely. First of all by de-energizing the patient. Anyone who has a large assortment of repressed emotions especially of the hate and fear variety is tying up large quantities of ordinarily available energy which should be used in the maintenance of general bodily resistance. The moment we have energy imbalance and the reserve energy is encroached on, then we develop a physiological imbalance and with that a lowered resistance for some organic system, and with the lowered resistance the pathological factor gets a chance to work whether it is toxin, bacillus, or coccus. This is illustrated par excellence in the case of chronic



tuberculosis. For years I have made an exhaustive study of cases of chronic tuberculosis and have found a tremendous energy imbalance in every case. When the pent up energy is freed and has produced a correct balance, the patient proceeds to heal in the lesions and gets well.

I should like to illustrate with a particularly interesting case. A patient who was very low with a case of tuberculosis which had been quite prolonged was studied from the point of view of the emotions while she was at the hospital. In unearthing submerged ideas, the following details were brought to light—the patient had had many fear and anxiety reactions always; she was selfish and shy; she always had had a tendency to become depressed though this was carefully disguised; she was ambitious but had been frustrated in practically all of her attempts to accomplish her ideals; she had been unhappily married and had been badly dominated by her family-in-law; she was unable to stand up for her own rights and had tremendous anxiety over money matters. Mind you, none of these characteristics showed on the surface. She had the reputation of being gay, cheerful, happy and vivacious. Physically, she had small cavities in both lungs; had had spontaneous pneumothorax; had had numerous hemorrhages and all in all, seemed to be about finished. With the release of energy resulting from clearing up her conflicts she proceeded to get well and has been well for the past six years, which you will admit is quite an accomplishment for her in the face of that history.

To recapitulate for the first point—continuous repressed destructive emotions tie up large quantities of energy which destroys the normal energy balance which ordinarily maintains physiological resistance to disease and infection. When this balance is destroyed, resistance is lowered and the patient becomes subject to various disorders.

The second way in which the repressed unfavorable emotions function to produce chronic organic disorders is by continued stimulation of the vegetative nervous system. Cannon, years ago experimentally proved the effect of the emotions on the vegetative nervous system and more recently Ziegler's experiments have been most enlightening along this line. A continuous stimulus of worry may produce first hyperacidity and hypermotility and if these are kept up over a longer period of time, an actual ulcer may result; or if the colon happens to be the point of least resistance a spasticity occurs accompanied often by acute pain and distress.



The point of all this discussion is not to criticize internal medicine or surgery, but simply to call to your attention the fact that many of the chronic cases which you find apparently impervious to such therapeutic measures in which you excel might easily clear up under psychotherapy.

The mental attitudes and the emotional state of every sick person is important no matter what the disease or its cause. In conclusion a plea is made for a study of the emotional life and a resulting readjustment of all patients suffering with chronic organic disease.



## TUBERCULOSIS FROM THE PSYCHIATRIC APPROACH. A FOLLOW-UP

BY ANITA M. MÜHL, M.D., PH.D.

The idea of chronic organic disease resulting from emotional disturbances is not new to many of us; but to others it still seems such an exaggerated idea that it may be well before beginning a discussion of the results obtained from the analysis and follow-up of the fifty tuberculous women I studied to take up some of the factors involved in the production of chronic organic disease from psychogenic forces or conflicts.

We know through the works of Cannon, Crile, Pottenger, Kempf and others that the vegetative nervous system with its divisions into sympathetic and parasympathetic groups is the system through which we maintain our existence; the system which controls metabolism and the processes necessary to life; and the system through which the emotions, recognized or submerged, express themselves. It is further, the system through continued unfavorable stimulation of which, the various glands and viscera become irritated. These structures in turn send messages of complaint centralward in the guise of sensory afferent impulses and if the path travelled is over the sympathetics then a reflex expression may result via the spinal nerves with resulting sensory, motor and trophic changes in the skin, subcutaneous tissues and muscles; if, however, the sensory afferent impulse goes over the parasympathetics then there may be a reflex expression in a functional disturbance of other internal viscera. This suggests the complexity of the disease picture which may develop as a result of prolonged emotional conflict.

If this were all, it would be fairly simple at that, but we must keep in mind the fact that the body is a great colloid system made up of fluids of certain concentrations and trillions of cells whose constituent elements are basic protoplasmic substances and acid nuclear substances all surrounded by semipermeable membranes and controlled by chemical and nerve energy. Anything which interferes with the normal concentration of body fluids is going to produce a medium which is either hypertonic or hypotonic. The difference in osmotic pressure will produce a disturbance in cellular function



which is the foundation for all metabolic change. Stimulation of the sympathetic system causes acid to be dislodged from colloids; furthermore, stimulation of the sympathetics—which may be called the destructive or katabolic group of the vegetative system—is accompanied by toxemia and a certain acidosis. It is known that destructive protein enzymes act best in and normal cells act poorest in an acid medium.

What has psychiatry to do with this apparently wholly physical problem? A very great deal. Years ago Cannon showed us how some of the emotions produced the same results as certain drugs. These results were the outcome of experimentally induced acute emotions in animals. More recently Ziegler and Levine have done a piece of work on basal metabolism with subjects who were human beings suffering with psychoneuroses, showing the influence of emotional reactions on the metabolic rate. As a result of their experiments we find that an individual occupied with emotion-producing ideas of the fear-anger-hatred group, even though at rest physically and with few or no objective signs, has an increased metabolic rate as the result of sympathetic stimulation. The pharmacodynamic influence of obsessive thought, repressed fear, hatred, shame, anger, become manifestly important because it has been clearly demonstrated that even though a patient is lying quietly in bed, he may be not resting in the least, though seemingly at ease and unaware of disturbing emotional tones. In some patients occupied with these sympathetic-stimulative ideas there were neither subjective nor objective emotional symptoms recognized, yet the basal metabolism increased, indicating the insidious way in which submerged conflicts may dissipate energy. This should be kept in mind in this presentation of chronic tuberculosis as a problem of prolonged infection by the tubercle bacillus resulting from energy misdirection due to mental conflicts.

About seven years ago I undertook a personality study of a group of women suffering with pulmonary tuberculosis with the object of discovering, if possible, whether any fundamental trends existed which were common to all and also to find out just how psychiatry was related to the subject. The data was obtained over a period of two years and some two thousand hours experimental work was done. Since the completion of the study of the original group of thirty, twenty more cases of adults have been analyzed, making a total of fifty, and a group of twenty-five tuberculous children have been studied in addition.



The results were rather surprising for they seemed so contradictory in some ways. The characteristics which appeared in all fifty cases were: inertia, fatigability, oscillating mood, perseveration, anger, irritability, mild to pronounced reactions of either masochism or sadism, suggestibility, restlessness, apprehensiveness, hypersensitivity, depression, regressive trends, loss of interest, abnormal respiratory behavior, explosive affects, tendency to exaggeration and selfishness.

In forty-nine cases there appeared ambition, evidence of dissociative trends and memory impairment (the last was not found in the four-year-old girl). Jealousy, day dreaming, compulsions, visual disturbances (chiefly astigmatism) and hindrance to self-expression were found in forty-eight cases. Postural difficulties and hypomanic features had been present in forty-seven cases.

There is a seeming contradictoriness of some of these traits especially noticeable in the features suggestive of the manic-depressive trends and those of the precox group. However, when we realize that we are dealing with a mixed type of personality with both marked extrovert and introvert tendencies it is not so extraordinary that we find such an apparent confusion of tendencies. The individual appears manifestly extroverted or introverted to the observer depending on which group of characteristics is in the foreground. It was often only after analysis that the opposing groups of traits could be found, being frequently so much submerged that one would not realize they could be present. Other patients again, exhibited quite an array of both types of reaction so that after several days it would be obvious that one was dealing with a mixed form of personality.

A follow-up of the first group has been kept with a view to seeing how they would eventually adjust to their condition.

In the original study no attempt was made to produce any change from a therapeutic standpoint, but some months after the study closed reports were received that many of the patients were making a surprising recovery.

One case with cavitation of both lungs, pulmonary hemorrhages and even a spontaneous pneumothorax got well and has been leading a very active existence since. The intolerable situation which had existed before her illness cleared up; her emotional reëducation was complete and she has done splendidly.

Another young woman who had had severe cavitation with hemorrhages got well and was discharged from the sanitarium. She was about to embark on a trip to Europe and went to a rest home



just for a final check up and was found to be physically fit. Just before she left a young girl who had roomed next to her was discharged as well and was sent to her home where she had been very unhappy. An hour after returning she shot herself. The death of this friend was a severe blow and instead of letting her talk about it, the subject was not allowed to be mentioned. The family gave as an excuse later that they were afraid she would worry if she talked about it—so she grieved and worried in silence and had no outlet for her distress. A week later the man in the next room became violently psychotic and broke into her room. She was dreadfully frightened and collapsed. Again she was not allowed to talk about her feelings, but was kept quiet. The next week the pent-up emotions again expressed themselves through the respiratory tissues and she again ran a temperature and began to cough. I saw her a week before she died, as I happened to pass through the town where she was. She just half-sobbed as I came in—"Oh, doctor, if they had just let me get it out of my system instead of bottling it all up—nobody seemed to understand." This was a tragedy that need not have been. With a sensible handling of those two frights and shocks she could have been alive and happy to-day. If that is not an illustration of what unfavorable repressed emotional states can do to the organic system, then it will be difficult to find one.

Another of the original group who did remarkably well with psychotherapeutic help did not get well, for had she done so she would have had to return to an unbearable situation which she could not face. She hung on for five years and finally died. She had less difficulty than the other two organically, but she had no real desire to get well. It was what might be termed slow suicide.

A fourth patient got well promptly and has been leading a very active and strenuous existence.

Of the six of the first group who died (with the exception of the case of fright) the condition in the environment after the illness improved had not been changed and therefore the situation to which they returned or to which they would have to return would be as unbearable as before.

In the case of those who got well in spite of everything, there had been a great change in the environmental situation in which they lived plus an insight into their own emotional state on which they based their emotional reëducation.

Originally I had the feeling that the emotional factor was a very great one in the problem of chronic tuberculosis. Now, I know that



it is—not only in chronic tuberculosis but in *chronic anything*. In acute disorders, an individual either dies or gets well. If the difficulty becomes chronic, then it means that there is a lowered resistance which makes it impossible for the body to cope successfully with the illness. One of the chief methods of lowering resistance is through repressed harmful emotional conditions.

In order to run the problem back still further for a more detailed solution a careful study of more than twenty-five children ranging in age from six to twelve was undertaken. The children had incipient tuberculosis and had been ill over periods ranging from six months to two years. Twenty-five of these children received psychometric tests in addition to the psychiatric studies. Eleven of these ranged from 90 to 100 I.Q., 10 from 80 to 90; 4 below 70. Their place in the social scale varied as much as the results of their psychometric tests.

Remembering the characteristics which were common to all of the adults who were studied, it will be interesting to see what the common characteristics were in the children. (The same group of traits were studied in the children as were studied in the adults in the original investigation.) The thirteen traits found in the adult group were changed to the following seven in this group as a common factor. They were: suggestibility, irritability, depression, fear, anxiety, selfishness, intensified type expression (exaggerated day dreaming or exaggerated motor activities).

The dual extrovert-introvert type was found with one or the other in the ascendancy as a behavior pattern and as mentioned above the pattern is intensified whether in the ascendancy or submerged. Here again we have the basis for the energy imbalance already discussed beginning early in life.

The next important factor is the association of fear and suggestibility. The children respond not only quickly to fear stimuli presented from without, but markedly so to stimuli suggested through themselves, so that the anxiety-fear pattern soon becomes a most complicated one. These children all had horrid nightmares.

The tendency toward depression was present in all of these children. Being suggestible, they were also easily discouraged and the depression was generally associated with a fear of failure.

Selfishness was an outstanding characteristic and was variously expressed and ingeniously camouflaged.

These children did remarkably well with psychotherapeutic treatment. They reacted so well to suggestions that when the right kind of encouragement was presented they responded in an amazing way.



Their suggestibility was invaluable too in helping to clear up the fears and worries and to build up new types of personality.

If all children with incipient tuberculosis could be reeducated emotionally at the same time that their physical health was being built up, there would be a greatly diminished adult tuberculosis problem.

The conclusions of the two studies contain some of the original ideas modified plus some additions. They are as follows:

1. Since the great majority of people are infected at some time with tuberculosis and only comparatively few of them break down with a chronic form in adult life, there must be some factor other than the tubercle bacillus which is responsible for the failure of the body to defend itself against the disease.

2. In view of the present day knowledge with regard to our colloid structure, the mechanism of the vegetative system and the fact that repressed unhealthy emotions, even though unrecognized by the subject, act through the sympathetics causing a rise of the metabolic rate with attendant toxic symptoms and destructive, de-energizing structure changes, we can point to submerged emotional conflicts as a most important phase in the lowering of resistance.

3. The two-fold mixed type of personality with its introverted qualities suggestive of a precox-like pattern on the one hand and extroverted tendencies seemingly of a manic-like pattern on the other, when it becomes exaggerated is responsible for a great misuse of energy—tying up great quantities of energy in one phase and expending prodigious amounts in the other, so that there is little or no energy reserve left for the maintenance of a healthy adjustment.

4. There are certain unfavorable traits and trends which may appear in any human being, but which in the individual who breaks down with chronic tuberculosis in adult life become exaggerated and that of these traits and trends a definite group is constant for the respiratory type which develops chronic tuberculosis.

5. The common features for the adults are inertia, fatigability, oscillating mood, perseverations, irritability, masochistic and sadistic traits, suggestibility, hypersensitiveness, selfishness, regressive and suicidal trends, depression and abnormal respiratory behavior.

6. Other very frequent characteristics for the adults are ambition, evidence of dissociative trends, memory impairment and day dreaming.

7. The regressive feature is deeply rooted and the so-called optimism of the adult is only a compensatory reaction for the depres-



sion and suicidal trends which were found in the unconscious of all the patients.

8. The so-called "pathological optimism" is not present in the child with incipient tuberculosis but the tendency toward depression *is present*.

9. The common characteristics in the children were: suggestibility, irritability, depression, fear, anxiety, selfishness and intensified type expression (energy imbalance).

10. If children with incipient tuberculosis could be reeducated emotionally and have their energies directed along the right lines so that they would be free from repressed emotional conflicts there would be very little adult chronic tuberculosis.

11. Psychotherapy as a means of releasing these pent-up conflicts and of helping to readjust these patients, adult as well as juvenile, has a distinct place in the treatment of tuberculosis, for it is only by treating the individual as a whole that we can expect to accomplish the maximum of benefit for the patient.

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## HOUDINI ESCAPES FROM REALITY (1)

By LOUIS J. BRAGMAN, M.D.

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Houdini, the world-famed performer of *dare-devil* feats involving extreme physical endurance, had for the greater part of his career been recognized as an *expert in extrication and self-release*. Less well known was an overwhelming and almost morbid attachment to his mother that seemingly dominated his life. From the standpoint of psychopathology is it possible to link these two facts together?

The very name of Houdini is a symbol of the art of getting out of difficult entanglements. For nearly forty-three years, as an *Escape Artist*, he held the center of the stage by releasing himself, through his own efforts, from strait-jackets, all manner of manacles, chains, handcuffs, prison cells, chests, hampers, glass boxes, roll-top desks, and even iron boilers. With his arms thoroughly secured he leaped from bridges; suspended head downward by block and tackle he loosened himself from meshes of constricting apparatus. He allowed himself to be chained and buried in six feet of earth, to be locked in steel vaults, to be nailed in huge packing cases. Once, breaking free after an endeavor lasting over an hour, he said: "The pain, torture, agony, and misery of that struggle will forever live in my mind." His variations on the escape act were endless, nothing being too bizarre, tedious, or difficult so long as the principles of a constricting force were present.

Ehrich Weiss, born in 1874, was the fifth child of an impoverished immigrant rabbi whose second wife was twenty-five years his junior. In an early predilection for the mystery of locks is found the first intimation of Ehrich's future profession. At the age of nine he learned successfully to imitate the trick of threading needles in his mouth while suspended upside down. Curbed by his father in his enthusiasm for *magical* lore, he left home at twelve to follow shows and circuses for about a year. At sixteen he discovered the memoirs of Robert Houdin, an old-time *magician*, and in a hopeful spirit of emulation adopted the name of Harry Houdini. Two years later, after a series of amateur ventures, he was billed at the World's Fair as the *Handcuff King* and *Escape Artist*. Previous to leaving home he had promised his dying father always to care for his mother.



At twenty, following a courtship lasting two days, he married a girl of eighteen who was later to remark that after her coming there were two loves in his life, and his love for his mother dominated. An example of this was shown within six years, when growing homesick while performing in Europe, he sent for his mother who, he said, had always shared his high hopes and petty successes. To welcome and entertain her he planned a touching tribute which demonstrated the height of his devotion:

"I revealed my plot to crown my little Mother, and allow her to be Queen Victoria for a few fleeting hours. . . . How my heart warmed to see the various friends and relatives kneel and pay homage to Mother, every inch a Queen. . . . Mother and I were awake all night talking over the affair, and if happiness ever entered my life to its fullest, it was sharing Mother's wonderful enjoyment at playing a queen for a day. The next morning, after having lived two ecstatically happy days, I escorted the Fairy Queen Mother en route to America."

In the opinion of Kellock (1), "Houdini's adult life is divided into two parts. His mother's death marks the cleavage." According to his wife, to whom he wrote an elaborate daily love letter from 1914 to the time of his death, he was never quite the same after he lost his mother. Something of the youthful quality, she says, went out of his earlier joyousness, for with her passing a distinct gap was left in his life.

Learning the news too late to be with her while she was dying, at the age of seventy-two, he was observed to be "like a man in a trance, incapable of thought or action." He fell into a distracted mood, and wrote four months later: "Am feeling a bit better, but July 17 is always in mind." Lamentations persistently recurred, and his daily visits to the grave were momentous events:

"He would lie there face downward and tell her of all his plans, as if she could really hear him. He would usually repeat his tender confidences, relating the details of his trips. A typical birthday anniversary reads in his diary: 'Square wreath with seventy-two lilies for my Beloved Mother's resting place.'"

He cherished her natal day as "my most holy holiday." At forty he wrote, not forgetting the customary capitalizations: "Alas, my Darling Mother is not here to wish me birthday greetings. . . . After dinner I go alone to Cypress Hills and visit the family plot. It is sixteen months and five days since Mother went to sleep. I certainly feel lonely."



He found much solace in a rather forlorn occupation of love:

"Getting my Sainted Mother's letters ready to have transcribed so I can put them in book form. . . . Am having Darling Mother's letters written in good German on typewriter so that I can read them easily. Many a bitter tear I am shedding. In the entire lot of letters which I have saved since 1900, each is a love story, a prayer to God to protect his children, that we should be good human beings. . . . Had terrible spell after show on account of my Darling Mother."

He spent considerable effort composing encomiums, such as the following, which he distributed among his friends:

"This Mother, to whom Eternity means no more than a fleeting forgotten second of time, when working or watching for her children, you must cherish while she is with you so that, when the pitiless Reaper brings from the Almighty the Mandate recalling Mother, you may receive from your ever present conscience the consolation coming from the knowledge that you tried to smooth, tried to remove the briars from the path which she trod through the mortal valley of the shadow of Death. . . . The poet who wrote 'God Himself could not be everywhere so He made Mothers' gives poetic utterance to my own sentiment."

On the anniversary of her death in 1925 he inserted a copy of Masfield's *To His Mother* in his diary:

"In the dark womb where I began  
My mother's life made me a man.  
Through all the months of human birth  
Her beauty fed my common earth.  
I cannot see, nor breathe, nor stir,  
But through the death of some of her."

From early boyhood he was keenly interested in *spirits* and *mediums*, and after the death of his mother he attempted to communicate with her. Of a séance in 1922 he said: "I waited, hoping I might feel once more the presence of my beloved Mother." But the disappointment and the realization that it was all trickery transformed him into a crusader against the entire fraud, and the remainder of his life was spent as a "magician among the spirits." However, he made pacts with parting friends who were to endeavor to signal to him from *beyond* if possible, and likewise he agreed on a code by which his attempts to pierce the *veil* would be recognized. After his death in 1926 this note to his wife was found:

"I shall be at rest by the side of my beloved parents, and wait



for you. Remember, I loved only two women in my life: my mother and my wife."

It is apparent that almost every stunt staged by Houdini represented a form of pseudo-suicide, carried often to the danger point, and limited only by his skill, cleverness, and courage from proving disastrous. According to Kempf (2) "the wishes and fantasies of the suicidal show that the autonomic apparatus, being discouraged and depressed by the hopelessness of the environment, and still fascinated by the warmth and sincerity of the mother's love, craves to return to its parasitical attachment to her."

Otto Rank (3), discussing birth traumas as the causation of the neuroses, says that regressive tendencies in the neuroses are expressive of the attitudes and conditions reduplicating the intrauterine state. It would seem then that Houdini, because of the influence of a strong mother fixation, dramatized a return to the maternal womb by means of his strange attitudes, postures, and struggles in the course of his theatrical career. But this maternal force, powerful enough to extend even from the grave, did not suffice to produce a complete surrender. For again to quote Kempf:

"If this tendency to infantile or intrauterine regression persistently occurs, unless man is able to find a means of keeping himself happy and virile, his biological career must soon find a level beyond which it cannot endure the depression and sorrow caused by the ungratified cravings. This brings us to the use of the symbol and its saving, invigorating influence upon the ungratified autonomic functions."

Houdini's life work constituted a manifest symbolization of the birth mechanism, with his interplay upon exposures in water, concealments in baskets, boxes, and receptacles of all descriptions, and final struggles for release. In this manner, by "creating socially estimable images which are related to the true object of the affect" (2) he made a satisfactory adjustment to the disturbing pressure of his cravings. By devoting his energies towards becoming the world-famed *escape artist* Houdini made his greatest escape—from the dominating rigors of realities.

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## BIRTH PHANTASY IN A YOUNG CHILD

BY IRENE CASE SHERMAN AND MANDEL SHERMAN

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Many children become interested in their origin at an early age. Freud<sup>1</sup> has pointed out that when a child learns a baby grows in the body of the mother he sometimes attributes its origin to food. As the mouth is the only passage through which he takes things into his body, it is natural for him to assume that the mother eats something which then grows within her. In such cases he may think of birth as taking place through the navel or anus, or between the breasts. The child may not know that only women bear children, and it is when he learns this that his curiosity regarding the rôle of the father arises.

Jung<sup>2</sup> traced the development of a four year old girl's interest in the origin of children, pointing out that in her attempt to solve the problem of how children come into the mother she at first related the origin of children to food. One day when oranges were served, she said, "I am going to take an orange and swallow it all down into my belly, and then I shall get a little child."

Recently a case came to our attention of a boy of seven who developed conflicts and abnormal behavior because he attributed the origin of children to food. His parents stated that for six months he had been eating very little and for the past two months had often refused to eat anything. At meals he sometimes had "spells" during which he trembled and appeared to be terrified. His parents thought that his temperature rose at such times, and on several occasions called a physician. It was their opinion that the boy had some gastrointestinal difficulty which interfered with his appetite. They changed his diet and tried various methods of stimulating him to eat, such as timing each meal and sending him from the table when a definite interval had elapsed, but his appetite did not improve. He insisted that he did not care to eat, and finally said he was afraid to eat.

<sup>1</sup> Freud, Sigmund. *A General Introduction to Psychoanalysis*. Boni and Liveright, New York City, 1920, p. 275.

<sup>2</sup> Jung, Carl G. *The Association Method*. *American Journal of Psychology*, 1910, 21, 251-268.



Physical examination showed the boy to be well developed, with no abnormality of the gastrointestinal tract. Intellectually he was a superior child with an intelligence quotient of 138, according to the Stanford-Binet scale.

The boy stated that he did not want to eat because he feared his stomach would fill up and he would burst. After eating only a little he felt "fat" in the region of his stomach. He also said he had seen women with big stomachs and that this condition was caused by eating too much or "maybe sleeping too much." He manifested an interest in his mother's body and was curious to know why it was different from his. He believed that her stomach would get big if his father should cut too much meat for her at dinner.

The parents stated that the boy was little interested in sex problems and that they always discouraged discussion of this topic. They noticed that he was very curious about their sleeping together. Their room was next to his and he often awoke before dawn and quietly opened their door and looked in. He asked why a father and mother sleep together and stated that when his mother was angry with his father she wouldn't allow him to sleep with her.

He showed a great interest in talking about father-mother relationships. Many of his play interests centered around family life. His favorite game was to play "father and mother" with a small girl living in the neighborhood. In their play they reproduced the events of the day. They had breakfast, and then he took his car and drove to work; later he came home, they had dinner and went to bed, but they "didn't really do that because they had no bed outside" where they played.

He thought a great deal about babies—what they are and where they come from—and often dreamed of the kittens born in his grandfather's house. Another dream he related as follows:

He stood on the edge of a large pond in the center of which was a huge red ball. He wanted to get to it but didn't know how. Then he found himself swimming toward it. Finally he came to it and saw that it was floating on the water. It was not made of rubber and yet it floated; it was heavy and yet it did not sink. Something told him in his ear that it "meant something—meant something." He wanted to climb on it but could not because it grew small and then big again. Finally he did get on it and began sinking. He sank and sank until he awoke.

By free association it was learned that he thought the big ball looked exactly like the big stomachs of some women he had seen.



He said he always looked carefully at all women to see if any of them had a big stomach. He observed that his mother's maid had a large abdomen, and thought this was due to eating too much.

Sometimes before falling asleep he saw things moving around in his room. Usually a thing like a moon moved around his bed. Sometimes it was yellow and sometimes red, but most often the color of his skin. At first it moved around the room and then came down to his bed. He was never afraid of it but wondered what it was.

Frequently he showed concern about growing up. He was afraid that when he grew up there would be nothing that he could do and he would be unable to "make good." This fear was related to the idea that when he grew up he would have to find someone to marry, and that thus far he had been unable to find anyone. He also feared that when he grew up he would be unable to earn money to buy food.

His concern about his future was evidently related to doubts about the origin of children, which gave rise to his fear of inability to make good later on. He connected the origin of babies with food and the rôle of the father with supplying the food. His fear of inability to earn money to buy food when he was grown was traced to his uncertainty about the part of a father in reproduction.

Probably many children have birth phantasies which are not detected because the conflict producing the phantasy is not sufficiently intense to lead to unusual behavior. Many children, however, do have difficulties because of conflicts regarding the birth process. Such difficulties arise most frequently at the age of five or six, when the child becomes aware of the structural differences between the male and female, and when his curiosity is aroused by conversations with his playmates. He seeks an explanation of the origin of children, and when he learns that a child begins its growth within the mother's body, may attribute that origin to food. In rare cases this may lead to fear of eating, a fear readily dispelled once the child is given an explanation of the birth process.



## SPECIAL REVIEW

### THE WORLD OF THE CHILD<sup>1</sup>

By WILLIAM A. WHITE

In the two previous works of the gifted author of "The Child's Conception of the World"<sup>2</sup> the form and functioning of the child's thought are considered. In this work it is the content that is under scrutiny. In order to arrive at the nature of this content and to be able to evaluate it he has adopted the clinical method of observation, after having examined very carefully into all of the possibilities of approach to this most difficult subject and the errors and obstacles with which the path of each method is strewn. This clinical method is the one used by the psychiatrist and with which he is so familiar in practice although he may perhaps never have carefully analyzed it in detail or surveyed its possibilities. The author says of the clinical method:

"The clinical examination is thus experimental in the sense that the practitioner sets himself a problem, makes hypotheses, adapts the conditions to them and finally controls each hypothesis by testing it against the reactions he stimulates in conversation. But the clinical examination is also dependent on direct observation, in the sense that the good practitioner lets himself be led, though always in control, and takes account of the whole of the mental context, instead of being the victim of 'systematic error' as so often happens to the pure experimenter."

The material of this book is so significant and of such importance in two directions, namely, as illuminating the psychology of the child, its immediate object, and, secondly, for the psychiatrist, as showing in the stages of psychological development material with which we are so familiar as symptoms of regression in the psychoses.

Part I deals with Realism. The contrast is made between objectivity, which fully realizes the intrusions of the self in thought, and

<sup>1</sup> Piaget, Jean. *The Child's Conception of the World*. New York: Harcourt, Brace and Company, 1929.

<sup>2</sup> *Language and Thought of the Child and Judgment and Reasoning of the Child*. Reviewed in *THE PSYCHOANALYTIC REVIEW*, Vol. XVI, No. 3, July, 1929.



realism, which consists in ignoring the existence of the self and so regarding one's own perspective as immediately objective and absolute. Realism the author thus defines as anthropocentric illusion, finality. This condition of affairs occurs early and arises before there is a clear boundary established between the self and the external world and the distinctions between internal or psychic and external or physical world have been made. These distinctions arise slowly as the result of action and in accordance with a process which the author terms projection, which is a broader term than that used in psychoanalysis but includes that mechanism. For example, sometimes the child simply fails to differentiate between the self and the external world. He speaks of himself in the third person, and here projection indicates that he imagines his own actions as belonging to the external order of things. In other instances he attributes to things characteristics belonging to himself, so he places the name of the sun in the sun, projecting an internal reality into the external world. Finally, he projects by endowing things with his own characteristics and conscious motives, so frightened by the sight of fire he endows fire with malicious designs. In this last sense the term is used psychoanalytically.

Chapter I deals with *The Notion of Thought* and is of especial interest to the psychoanalyst. Here we start off by imagining the child as a being knowing nothing of the distinction between mind and body. The author says:

"Let us imagine a being, knowing nothing of the distinction between mind and body. Such a being would be aware of his desires and feelings but his notions of self would undoubtedly be much less the sensation of the thinking self within him, the feeling of a being independent of the external world. The knowledge that we are thinking of things severs us in fact from the actual things. But, above all, the psychological perceptions of such a being would be entirely different from our own. Dreams, for example, would appear to him as a disturbance breaking in from without. Words would be bound up with things and to speak would mean to act directly on these things. Inversely, external things would be less material and would be endowed with intentions and will."

This very clear statement is followed by a series of experimental researches. The first inquiry is with respect to what the child knows about what he thinks with. It is explained that when he walks he walks with his feet, and he is asked when he thinks what he thinks with. As the result of this inquiry the author has traced three distinct stages in the development of this idea. In the first stage



the child believes that thinking is "with the mouth." Thought is identified with voice. Nothing takes place either in the head or in the body. Naturally, also, thought is confused with the things themselves in the sense that the word is a part of the thing. Nothing subjective appears in the act of thinking. This stage occurs at about the age of six. The second stage is marked by adult influences. The child has learned that we think with the head, and sometimes even speaks of the "brain." However, here we find in spite of this a certain degree of spontaneity. In the first place, this type of answer is always found at about the age of eight, but more important is the continuity between the first and the second stage. Indeed thought is often looked on as a voice inside the head or in the neck, showing the persistence of the influence of the child's previous convictions. And finally the child materializes thought—it is made of air or of blood or it is a ball, etc. In the third stage, which occurs from eleven to twelve years of age, thought is no longer materialized. This whole matter is very important. Let us follow it a little more in detail. During the first stage thought is with the mouth. People think when they are talking and stop thinking when their mouths are shut. In one instance it is impossible to hear the thought when it is spoken gently. Thought is thus a silent voice inside the head which, however, can be felt with the finger, thus assimilating it to air, the breath expelled from the mouth in speaking. It is very significant that in one case the author quotes the child locates thought in the stomach, which cannot help but remind us of the epigastric voice in epilepsy. It is interesting at this stage that dreams are thought of as "in the room," and that words and things are not differentiated. We shall see more of this later. In a discussion under this general heading of looking and seeing, the author quotes one child as wondering how when two looks meet they do not somehow hit one another, and why one does not feel someone else's look, on the cheek for instance, a rather interesting analogy to Empedocles' theory of perception—that it was due to the light given out by the eye. In the second stage thinking is with the head and it is assimilated to balls, tubes, winds, etc. Air, smoke, breathing and voice are regarded as of the same nature, and a "little voice" inside the head is spoken of in one instance. Thought is "our voice" and the voice "doesn't stay inside," it is located in the neck, etc. We are reminded of the voice of conscience. One child says he thinks with his "intelligence" but supposes that if his head was open one could touch this intelligence. It is quite natural that children come to



consider the origin of their intelligence as innate, and it has been suggested that this tendency to consider all that they have been taught as originating in themselves had some influence on the psychological genesis of the Platonic doctrine of memory and similar views. Thus until the age of eleven to think is to speak, either with the mouth or with the little voice situated in the head, and speaking consists in acting on the things themselves by means of words, the words sharing the nature of the things named as well as of the voice producing them.

Chapter II deals with Nominal Realism. First, as to the origin of names. The development in this period is divided into stages. During the first stage (five to six years) children regard names as belonging to things and emanating from them; during the second stage (seven to eight years) names were invented by the makers of things, God or the first men; and during the third stage (about nine to ten years) the child regards names as due to men of no particular identity, and the name is no longer identified with the idea of creation. Many examples are given. Some children distinguish the name from the thing named but can only conceive the name as coming from the thing itself. In another instance the name comes from the person who made the thing and is thus from the beginning intimately connected with it. For most of the children the sun, the sky, the mountains, the rivers, etc., were all made by the first men. A study of all these cases appears to indicate an evolution of the answers and a gradual decrease in nominal realism. During the first stage the name is in the thing, during the second stage it comes from men but was made with the thing, during the third stage the name is at last regarded as due to the person who thinks about the thing. This inability to dissociate names and things is shown by the little girl asking her father whether there really was a God and the father replying rather uncertainly, she said, "There must be really, because he has a name!" Similarly, the sun never had any existence until it had a name. There is complete confusion between thought and the things thought of. The name is in the object, not as a label but as an invisible quality thereof. As to how names begin there are three stages: first (five to six years), the child supposes we came to know the names of things simply by looking at them; second (seven to eight years), the child claims that God told us the names of things; in the third stage (nine to ten years) the child realizes that the names have been handed down from father to son since they were invented. As to the place of names, the youngest children believe it only neces-



sary to see the sun to know that it was called "sun." With respect to this problem there are also three stages: first (five to six years), the names of things are in the things; during the second stage (seven to eight years) they are everywhere or nowhere, which amounts to the same thing; and during the third stage (nine to ten years) they are regarded as in the voice, then in the head, and then in thought itself. Also, children believe that the sun knows it is called "sun." In other words, it is partly because a thing knows its name that the name is situated in the thing. Here we find an element of animism. So we find children who suppose everything to be aware of its name, a much larger group of children who confine this knowledge solely to bodies that move, and thirdly a group of children who believe that only animals and plants or animals alone perhaps know their names, and, finally, children who refuse a knowledge of names to everything. Then comes a consideration of the intrinsic value of names, which involves an inquiry into the question as to whether names could be changed. John's brother is Paul. Could John have been called Paul and Paul have been called John? Before the age of ten the children said "No" to this inquiry; after an average age of ten they believed that this might have happened. This indicates a decline of ontological realism: names are no longer tied up to the things they represent. Now, as to why things have the names they have. Why is the sun called sun? Until the age of ten all names contain the idea of the thing. During the second stage (ten to eleven years) there is simply some sort of harmony between the name and the idea—it fits. The idea of the thing is still present in some measure but other names containing the same idea might have been chosen. Finally, after the age of twelve the name contains in itself nothing. It is purely a sign.

"Until the age of six or seven names come from the things themselves. They were discovered by looking at the things. They are in the things, etc. This first and crudest form of the confusion between sign and thing disappears somewhere about the age of seven or eight. The disappearance of the confusion between internal and external comes at about nine or ten, when names are first localized 'in the head.' But as we saw with the notion of thought, it is not before the age of eleven that thought is regarded as immaterial.

"It would therefore seem as if the child first realized that signs were distinct from things and was then led by this discovery increasingly to regard thought as internal. This continuous and progressive differentiation of signs and things, together with the growing realization of



the subjectivity of thought, appears gradually to lead him to the notion that thought is immaterial.

"What psychological factors are responsible for this progressive distinction between signs and things? Most probably the child's growing awareness of his own thought, which takes place invariably after the age of seven or eight. Its manifestations have been studied elsewhere. But this awareness is itself dependent on social factors, as we attempted to show: it is through contact with others and the practice of discussion that the mind is forced to realize its subjective nature and thus to become aware of the process of thought itself."

Chapter III deals with Dreams. In this study we have the material divided again into stages. In the first stage the dream is conceived of as coming from outside and remains external. A certain child does not want to go back into a certain room "because it is full of dreams." Some children think other people would be able to see the dreams if they were present. The dream is localized at the actual spot at which one dreams. If he dreams of a man in the street the dream is in the street. Other children, however, locate the dream beside them and in the room. The dream is conceived of as a picture situated beside the child. As to causes, one child seems to think that the man of whom he dreamed was the cause of the dream. Dreams may be sent by God or the devil. They may be regarded as punishments. Just as words are parts of things so the dream images are parts of the object imagined. The sign is confused with the thing signified. In the second stage to be considered the dream arises in us ourselves but is external to us. Here is the same process that we found in the discussion of names, when the names are first regarded as existing independently of the thing named. One child says dreaming is with the mouth and reminds us of the stage in which thinking was thought to be with the mouth. One child realizes that the dream is made of thought and it is ourselves who make the dream but has not yet realized that it is internal. In order to see it even with the eyes shut it must be between the night and us. Thus the dream comes out as soon as one is asleep. So the child often does not know how to distinguish the dream's appearance of externality from externality itself. In the third stage the dream is internal and of internal origin. Children at first believe they think with the mouth and identify thought with words and regard names as bound up with the things, then they realize that thought is internal and regard it as a voice situated at the back of the mouth or in the head. Exactly the same thing happens in their conception of the dream as an external



picture produced by things, then by the head, and later when the child begins to realize the internal nature of the dream he regards it as a picture, for example, what the eye can see internally just as the ear hears the internal voice of thought. There is a complete parallelism between the child's conception of names and of thought and its conception concerning dreams.

Chapter IV discusses Realism and the Origin of the Idea of Participation.

"The child is a realist, since he supposes thought to be inseparable from its object, names from the things named, and dreams to be external. His realism consists in a spontaneous and immediate tendency to confuse the sign and the thing signified, internal and external, and the psychical and the physical."

First the author discusses realism and the consciousness of self and says:

"That the child shows a keen interest in himself, a logical, and no doubt a moral, egocentricity, does not prove that he is conscious of his self, but suggests, on the contrary, that he confuses his self with the universe, in other words that he is unconscious of his self."

Different stages of the development of consciousness of self are described and the author concludes that "the child begins by confusing his self—or his thought—with the world, and then comes to distinguish the two terms one from the other." "It seems that in the primitive stage the whole content of the infant's consciousness is projected into reality (both into things and into others), which amounts to a complete absence of the consciousness of self." The second section of this chapter deals with participation and magical processes. The word "participation" is taken over from Lévy-Bruhl and refers to that relation believed to exist between two things or two phenomena which are regarded as either partially identical or having a direct influence on each other although there is no special contact or causal connection between them, while the word "magic" is used to indicate the use the individual can make of such participation to modify reality. The author classifies the different varieties of participation and gives many examples of magic. The third paragraph deals with the origins of participation and magic. For a mind that can not distinguish between the external world and the self everything participates in the nature of and can influence everything else, and participation is a necessary precondition to magic. Through not being able to distinguish the psychical from the physical, every



psychical phenomenon appears to the child as endowed with will and also the whole of nature is obedient to the will of man.

Part III deals with the subject of Animism.

"The primitive does not distinguish mind from matter. It is precisely because he has not made this distinction that all things appear to him endowed both with material properties and with will."

Chapter V deals with Consciousness Attributed to Things. Four stages in the development of this relation have been determined, as follows: In the first stage everything which is in any way active is conscious, in the second consciousness is attributed only to things that can move, in the third stage an essential distinction is made between movement that is due to the object itself and movement that is introduced by an outside agent, and, finally, in the fourth stage consciousness is restricted to the animal world. At the end of this chapter the author inquires into what the needs are which urge the child to take account of its implicit animism and says that there are only two. First, as the result of its attempts to explain the unforeseen resistance of some object which he fails to make obey him he is compelled to regard it as living. Or, speaking more generally, it is when phenomena appear doubtful, strange or above all frightening that the child credits them with a purpose. As M. Delacroix puts it, "The sun and moon exist only when there are eclipses. The universal does not exist for primitive man." On the other hand, the child believes in the all-powerful nature of man's command over things and animism serves to explain their obedience. This matter of animism will be examined more fully. Animism must be regarded as resulting from its implicit tendency or from the child's reflection on exceptional cases. Thought, the author says, never progresses in straight lines, but spirally. The implicit motiveless conviction is succeeded by doubt, and doubt by a reflective reaction, but this reflection is itself prompted by new implicit tendencies, and so on.

Chapter VI deals with The Concept of "Life." Here again we find stages—this time four. During the first stage everything is regarded as living which has activity or a function or use of any sort. During the second stage life is defined by movement, all movement being regarded as in a certain degree spontaneous. During the third stage the child distinguishes spontaneous movement from movement imposed by an outside agent and life is identified with the former. Finally, in the fourth stage life is restricted either to animals or to animals and plants. Here we see a close correspondence between these four stages and the four stages into which the answers dealing



with consciousness were classified. Two-fifths of the children questioned were found to be in the same stage in each series, and the author deduces from his observations the conclusion that the evolution of the notion of life determines the evolution of the notion of consciousness. In other words, it is the child's classification of things into living and not living which guides him in attributing consciousness to them.

Chapter VII deals with The Origins of Child Animism, Moral Necessity and Physical Determinism. The phenomena of animism in children is well known. Various outstanding examples are stated, such as the idea that the sun and the moon follow us and the puzzling situation presented to the child when two people walk in opposite directions and he is asked to explain how they can both be followed under such circumstances. As regards being followed by the sun and the moon, magic or animism is preëminently present according as the causal emphasis is laid on the self or on the movement. Thus in such a case there is complete mutual dependence between magic and animism. In short, between magic and animism there is only a difference in egocentricity. Absolute egocentricity implies magic, while the feeling that other beings have an independent existence weakens the primitive participations and emphasizes their purposive characteristics. A discussion of physical determinism and moral necessity follows, in which the author restates his position that the child is not so anthropomorphic as usually supposed, that he only endows things with consciousness when it becomes strictly necessary in order that they may fulfill their respective functions. Thus a child of seven will refuse to admit that the sun can see one in a room or that it knows one's name but will nevertheless maintain that it can go with us when we are walking because it has to accompany us "to make us warm." So his hypothesis is that the child endows things with consciousness principally in order to explain their obedience to a hierarchy. It credits things with a moral nature rather than with a psychology. It is not until the ages of seven to eight that the first notions of physical determination are to be found, when certain movements such as those of the clouds and of rivers are no longer explained as the result of moral obligation but as due to purely physical constraint. For the present, therefore, the author says that we may conclude that the child is led to explain the uniformity of nature by moral rather than by natural laws. With regard to animism two conclusions are of outstanding importance, first, that the child begins with a lack of differentiation between living and inert bodies because it does not possess any criterion by which it can make this



distinction, while in the second place when it does come to begin to distinguish living from inorganic matter it makes use, as does the adult, of the principle of inertia. Animism is in no sense the product of a structure built up as the result of the child's reflection but is a primitive principle, and it is only by a series of progressive differentiations that inert matter comes to be distinguished from that which is living, a differentiation which gradually detaches it by thought from the primitive *continuum* in which all is regarded as living. As the living and the inert are undifferentiated so purposive actions and mechanical movements are likewise undifferentiated. Their differentiation likewise implies an already well developed state of mind. To arrive at such objective views as these the mind must free itself from subjectivity and abandon its innate egocentricity, operations which involve great difficulties. Children attribute a universal purposiveness to objects. All things which are not otherwise accounted for are made by men so that from this standpoint there arises the artificialism which is so prominent a feature of childhood thinking. The *continuum* of life and purpose with which nature is endowed by the child mind results at first in a complete lack of differentiation between the self and the external world, so that the consciousness of self does not accompany the child's early movements in any innate manner but is only gradually revealed as a function of the contacts experienced with the behavior of others. All activity at first is regarded as conscious. Every object is regarded as knowing what it is, where it is, etc. The mind proceeds from indissociation to dissociation and mental development does not in any sense consist in successive associations. The depersonalization of reality is bound up with the growth of self-consciousness. Introjection here comes in as explanatory. Consciousness of effort supposes force in the resisting object, the consciousness of desire supposes purpose in the obstacle, consciousness of pain supposes ill will in the object causing the pain. And so introjection evidently lies in egocentricity, namely, in a tendency to believe that everything evolves around the self. To win free of egocentricity is thus to attain an impersonal view of things, to be rid of introjection. The mutual dependence of introjection and indissociation is thus obvious. While the primitive indissociation has its origin in the child's realism, that is, in the absence of all knowledge of self and the incapacity to distinguish the activity of the thinking subject, introjection, on the other hand, is bound up with egocentricity, from which it arises and which it in turn fosters. But it is precisely this egocentricity which accounts



for realism. It is the fact of being incapable of distinguishing the part played by one's own perspective in one's own conception of objects which causes a mind to be realist and thus unable to distinguish subjective from objective.

Part III deals with the subject of Artificialism, and is composed of some three chapters dealing with the origin of the sun and the moon, of the sky and night, the clouds, thunder and lightning, rain, snow, ice and coal, rivers, lakes and sea and water, wood, plants, iron, glass, cloth, paper, stones, earth and mountains. In general there is a gradual evolution from a purely artificialistic explanation to a natural explanation, following through intermediate stages; and in these intermediate stages it is noteworthy that the children not infrequently express both ideas, holding them at the same time, and that these separate and opposing views do not interfere with each other—a striking illustration of what in the psychoses might be called “splitting.”

In the final chapter, in which the author discusses The Meaning and Origins of Child Artificialism, it will be interesting for the psychoanalyst to read the section on the relation of artificialism with the problem of the birth of babies, which is followed by a section on the stages of spontaneous artificialism and their relations with the development of animism, and then follows a section on the origins of artificialism. In this last section the relation of the parents to the child, the child's dependence upon them and deification of them, is of special interest to psychoanalysts. The chapter closes with a section on the origins of identification and the causes of the decline of artificialism and animism, which again is of special interest to psychoanalysts.

A great deal more might naturally be written about this extraordinarily valuable contribution to child psychology. But enough has been set forth to show its great importance and significance for the psychiatrist who is looking at his psychoses from the point of view of their regressive character, for here can be seen the best presentation of the evolution of the child psyche of which the reviewer knows, setting forth the various stages, the reasons for the transition from one to another, and illustrating these stages of development profusely by carefully worked out methods of clinical examination that show close parallels that are convincing as to the reliability of the information elicited. The book, in the reviewer's opinion, is of the highest significance not only for those who are interested in the child but for psychiatrists, psychoanalysts and psychopathologists generally.



## ABSTRACTS

### British Journal of Medical Psychology.

ABSTRACTED BY SMITH ELY JELLIFFE

(Vol. 5, No. 1)

1. MYERS, CHARLES S. On Consciousness.
2. McDougall, W. Freud's Group Psychology and his Theory of Suggestion.
3. BROWN, WM. Suggestion and Personality.
4. CRICHTON-MILLER, H. William Sharp and the "Immortal Hour."
5. JOHNSON, P. Y. Technical Terms for the Various Dynamic States of Mind.

1. MYERS, C. S. *On Consciousness*.—This is a president's address to the Section of Psychiatry of the Royal Society of Medicine by a *pure* psychologist, as he terms himself, whose work in psychopathology was limited to the years of the late war. Here he deals with an effort to define the various modes of consciousness. An interesting paper but of no particular importance psychoanalytically. Schilder puts this same material into a psychological form applicable to neuropsychiatry.

2. McDougall, W. *Freud's Group Psychology and His Theory of Suggestion*.—A critical outline of Freud's work on Mass Psychology and the Ego. Inasmuch as McDougall's ideas themselves are discussed by Freud the essay is alive with controversy. He first gives a résumé of Freud's historical introduction and then offers a polemic supporting his hypothesis of suggestion, *i.e.*, a form of "instinctive submission", whatever this may mean. McDougall then attempts to analyze Freud's "complex" theory of suggestion. He has great trouble with the problem of identification. This is quite understandable since at this time McDougall had no actual psychoanalytic experience. To those dealing in psychoanalytic work the numerous identifications are at times intricate but not as complex as McDougall would make them. In fact McDougall misses entirely the point that Freud's conceptions are drawn from actual psychoanalytic material. His conclusions about "jealousy" are quite untrue.

3. BROWN, WM. *Suggestion and Personality*.—This like the preceding paper appears in the Morton Prince Commemoration volume and is a loose and readable discussion of various contributions to the problem



starting with the Salpêtrière school and winding up with Freud and Coué.

4. CRICHTON-MILLER, H. *William Sharp and the "Immortal Hour."*—Fiona Macleod wrote a drama "The Immortal Hour" which has been set to a musical drama by Rutland Boughton. It goes back for its theme to an old Celtic legend, which seems a primitive prototype of the Orpheus and Eurydice motive. The author would discuss this work from the point of view of Sharp's life, the text of the drama, and analytical psychological principles, according to his conception of Jung's ideas. Sharp was Scandinavian and Celt. He had much tonsillar infection and was a dreamy, phantasying child, active and insubordinate. He had visions which his father stigmatized as lies. At eighteen he went off to a gypsy camp and was captured for a lawyer's office and then a bank. He did good work there but preferred the cuckoo's call. Nine years later he married a cousin and devoted himself to literature. Ill health spells (psychasthenia [Crichton-Miller] manic-depressive—others). When the dreaming consciousness took the field Fiona Macleod awoke. This "dual personality" situation—"bisexual" is dealt with, the author himself realizing his passive female "creative" side. His utterance of the mother-son relation to the wife is of interest. His problem was to fuse the contrasting temperamental elements into an adaptation to reality. His own insight, we are told, saved him from a psychosis. The "Immortal Hour" personifies this conflict in that the persons of Etain and Eochaidh represent the female, Fiona Macleod and the male, William Sharp, attributes. These two sets of ambivalents are a key to his whole life. The shadow of dissociation and madness haunted him even in the most distant refuges of phantasy. His resolution of the conflict is portrayed. Nowhere does the author enter into the deeper analytical discussion of the homosexual dynamics.

5. JOHNSON, P. Y. *Technical Terms for the Various Dynamic States of Mind.*—An effort to bring some order into the vast chaos of psychological terminology of the present day—no abstract can do justice to this very amusing effort. The author would endeavor to pin the terms into the dynamic frame of reference. He invents some new terms.

<p><i>Maz</i> Sum total of all mind and of all mental life and processes known and unknown</p>	<p><i>Mex</i> Conscious <i>Hymex</i> Marginal <i>Immex</i> Unconscious</p>	<p><i>Penesmex</i> Preconscious <i>Ippenesmex</i> Unconscious proper</p>	<p><i>Olimmex</i> Formerly conscious <i>Clammex</i> Never conscious</p>	<p>Repressed Plexes and Complexes</p>
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and then tries to analyze his neologisms—quite whimsically and interestingly.



(Vol. 5, No. 2)

1. CAMPION, GEORGE, G. The Neural Sub-strata of Reflective Thought.
2. SUTTIE, IAN D. An Unwarranted Accretion to the Freudian Theory.
3. WOHLGEMUTH, A. The "Synthesis" of an Anxiety Neurosis.
4. FARROW, E. PICKWORTH. A Method of Self Analysis.

1. CAMPION, G. G. *The Neural Sub-strata of Reflective Thought*.—An earnest and readable contribution to the problem of neurologizing psychology chiefly by the Semon-engram route which however does not go beyond the Bianchi-Head and Holmes conceptions. Schilder, Goldstein and others have carried this work much nearer to precise formulations. The former in his studies of optic agnosias and the latter through his Körperschema conceptions.

2. SUTTIE, I. A. *An Unwarranted Accretion to the Freudian Theory*.—Here the author would quarrel with the implied assumption of recapitulation as applied to psychoanalytic conceptions in Freud's writings.

3. WOLGEMUTH, A. *The Synthesis of an Anxiety Neurosis*.—An adverse critical series comments regarding the "New Psychology" as mystical, cabalistic and occult, as judged by an incomplete analysis of the author's own fear states during the air raids over London. He quite amusingly quotes Breuer as recognizing the "slippery slope down which Freud rushed" entirely oblivious of why Breuer had to turn away from the "transference neurosis" of his famous patient. Wolgemuth shows no acquaintance with what lies behind the psychoanalytic nosological concept of "anxiety neurosis." For him any anxiety state is an anxiety neurosis quite as meaningless as that any hyperthermia might be a "typhoid fever."

4. FARROW, E. P. *A Method of Self-Analysis*.—This author's study has already been outlined in the International Journal and the Internationale Zeitschrift. See PSYCHOANALYTIC REVIEW. It is well worth rereading in this very lucid short résumé of how he got at unconscious material by the method of writing down everything that came to his mind. This free association method brought him to the uncovering of repressed material which had not been uncovered in actual analysis with his medical confreres. His account reveals very clearly the differences between free association and introspection.

5. This number contains some valuable abstracts from Bianchini's Archivio, not available in any other literature, notably an article by Bianchini on Sexual Symbolism in Mystic and Profane Dreams. Also some abstracts from Adler's Zeitschrift f. Individual Psychologie. Storch's fascinating book upon Primitive Archaic Forms of Inner Ex-



periences (Monograph Series No. 36) is well reviewed and in Notes on Recent Periodicals a praiseworthy effort is made to cover a wide range of psychological topics.

(Vol. 5, No. 3)

1. HADFIELD, J. A. *The Conception of Sexuality.*
2. GLOVER, JAMES. *The Conception of Sexuality.*
3. SHAND, ALEXANDER F. *The Conception of Sexuality.*
4. GLOVER, JAMES. *Reply.*
5. HADFIELD, J. A. *Reply.*
6. McDUGALL, W. *A Suggestion towards a Theory of Manic-Depressive Insanity.*

1. HADFIELD, J. A. *The Conception of Sexuality.* This is an opening paper of a symposium having for its object an elucidation and defining of the Freudian conception of sexuality. What is its scope and meaning?

Hadfield assumes he is to represent a middle position and gives a provisional definition of sexual, "as that group of impulses whose natural end is reproduction." He therefore limits the term chiefly to its biological phases, and its regressive aspects. Sublimation is not touched upon.

2. GLOVER, JAMES. In this communication Glover first dissents from Hadfield's statement as to lack of precision of definition. Nowhere is definition more precise than in psychoanalysis and yet recognized as unnecessary since definitions run counter to dynamic concepts and hence the provisional nature of interpretation in the face of fact gathering. The author enters fully into a polemic with Hadfield's paper which by reason of the reference and counter reference cannot be abstracted. Hadfield's discussion is chiefly devoted to theoretical formulations, not on actual case histories and psychoanalytic data.

3. SHAND, ALEXANDER F. *The Conception of Sexuality.*—This author would deprecate the limitation of the term to strictly biological aims. His polemic also winds in and out of the two previous contributions and should be read in the original.

4. GLOVER, JAMES. *Reply.*—This again must be read. It cannot be abstracted, but Glover insists on "facts of observation" rather than opinions.

5. HADFIELD, J. A. *Reply.*—Polemic.

6. McDUGALL, W. *Theory of Manic-Depressive Psychosis.*—The author tells us his own experiences with such cases is slight, hence his tentative hypothesis, that the manic-depressive psychoses are but exaggerations of our moods of excitement and depression. One needs hardly



be told that one's experience is slight as if it were not a truism that pathology is exaggerated physiology. But what are the physiological states of excitement and depression—of which the manic-depressive excitements are exaggerations? And parietic excitement and depression and alcoholic excitement and depression, and schizophrenic excitement and depression, etc., etc., etc. McDougall thinks there are physical mental disorders and psychical mental disorders showing little experience with the disorders and a confusion of "etiology" with a "process". This article contains less than nothing for the psychiatrist.

(Vol. 5, No. 4)

1. SMITH, M. HAMBLIN. Spinoza's Anticipation of Recent Psychological Developments.
2. GLOVER, EDWARD. The Neurotic Character.
3. BURROW, TRIGANT. Psychiatry as an Objective Science.
4. CORE, DONALD E. Some Clinical Aspects of Certain Emotions.
5. SHARPE, ELLA F. Francis Thompson, A Psychoanalytical Study.
6. DUFF, I. F. G. A Psychoanalytical Study of a Phantasy of St. Thérèse de l'enfant Jesus.

1. SMITH, M. H. *Spinoza*.—Here the author would show how Spinoza's thought in many respects ran parallel to certain aspects of modern psychoanalytic doctrine. The fact of anticipation is widespread and is here commented upon. Spinoza's work upon "Ethics" is interestingly and wisely chosen. Ethics for Spinoza meant man's adaptation to the universe, rather than his man to man relations as of today. Spinoza was an uncompromising determinist. Modern scientific determinism as a logical system descends from his work. He first cleared the field of anthropocentric notions and the opposition to Spinoza as to Freud centers about their upholding of scientific determinism. Spinoza's need for punishment is quite in line with the "Krankheitsbereitschaft" idea of Freud, as more explicitly outlined by Alexander and Reik and other contributions on "the sense of guilt."

Smith now goes into the "Ethics" in detail and outlines the principles which underly it, stripping it a bit of its antique terminology and showing its essential relations to reality. Spinoza taught, and was execrated for it, as Freud is at present, that man is a part of nature and is not something outside and above nature. Spinoza had an excellent idea of the pleasure principle and the reality principle we are told and he seems to have grasped the idea of repression and sublimation, as well as ambivalence. His ideas of permitting conflicts to come to consciousness in order to be resolved is quite modern. Libido he uses at times as quite analogous to Freud's conception. A very attractive paper.



2. GLOVER, EDWARD. *The Neurotic Character*.—Glover here speaks of a large number of people who come to the analyst with no definite neurosis but who in general belong to that large group of more or less incompetent people. These individuals seem unconsciously to "get in bad" with their milieu. They are victims of misunderstanding; at first within the family then with a larger milieu. They are "out of luck" as judged by the more friendly; "ne'er do wells" by the less charitably inclined. They are often inclined to lecture courses, and other feeble efforts at learning. Illustrative cases are given. The transference seems very quickly obtained; so quickly in fact that it portends obstinate resistances. A special group are always getting in minor difficulties. Glover wishes to use the term "neurotic character" for these rather sketchily oriented groups of psychopathic personalities as they might be designated even less satisfactorily in present day psychiatric rubrics. The author then discusses the historical evolution of present day psychoanalytic characterology formulations with Freud's anal erotic character, the God Complex of Jones, Abraham's female castration complex character, Alexander's Castration Complex and Character, Reich's Impulsive Characters, etc. This leads to Freud's synthesis in his "Ego and the Id" and the discussion of the interplay between the Ego, Super Ego and It systems in respect to character formation.

Glover takes one over the clinical story of a patient's handling of money in accordance with certain character formations representative of thwarted pregenital and genital developments. Autoplastic and alloplastic adaptations are briefly discussed for the neurotic and psychotic modes of dealing with instinct tensions. Thus Alexander's view that the neurotic character makes life his neurosis and Ferenczi's formulation that character anomalies are private psychoses tolerated by the Ego are touched upon in Glover's effort at presentation of what he would isolate as neurotic character. Reich's formulations concerning the "triebhaft" character are then drawn upon. Normal character processes are defined as a set of organized behavior reactions founded on and tending to preserve a stable equilibrium between Id tendencies and submission to Reality; they are characterized by more or less satisfactory adaptation along lines of displacement. Character is Destiny is an earlier formulation. The therapy problem Glover writes calls for a complete reorganization of the Ego structure. In view of the as yet lacking clear cut differentials between neurotic character, neurosis and psychosis, the prognosis is not statable. The patient's capacity for reality proving and the manner of using the mechanisms of projection must be carefully appraised.

It was indeed this relation between symptom formation and character alterations which drew increasing attention to the possibility of treating



character peculiarities by psychoanalysis. Four definite observations have been made in this direction; first, that deliberate analysis of character peculiarities arouses not only vigorous transference-resistances but is associated with transitory symptom formation; second, that the analysis of neuroses is sometimes accompanied by temporary regressions of character to more primitive levels; third, that reduction of neurotic symptoms is frequently associated with improvement in character abnormalities; and fourth, that improvement in cases of manic-depressive insanity has been observed by Abraham to coincide with the appearance of obsessional characteristics, implying advance from a primitive oral fixation to the anal-sadistic level. This would seem to suggest that as in the milder psychoses (Abraham) and in the curable perversions (Sachs) a middle stage may be necessary for the alteration of neurotic character, *viz.*, the transformation of alloerotic impulses into neurotic symptoms and the uncovering of primitive forms of guilt and anxiety.

It is a commonplace of analytic practice to say that character analysis is often refractory and always difficult, and it is not surprising that various suggestions have been made concerning the employment of auxiliary devices. Two of these seem to be in direct opposition to one another yet have this in common that they represent purposive attempts to modify the structure of the Ego ideal or Super-ego. The first is the so-called "active" method of Ferenczi, which is intended to produce increased libido tension by the imposition of various libido frustrations. They are directed mainly against certain set habits and concealed gratifications and are imposed under transference authority in order to force repressed material to the surface. The second, suggested by Reich for his "instinctive" character cases, consists of a preliminary educational phase for the purpose of stabilizing the unbalanced Super-ego, to be followed by the usual analysis. A third method is suggested by the work of Walder on psychotics and of Aichhorn on reformatory cases, the judicious encouragement of sublimatory activities during analysis. All of these methods are in the experimental stage and do not as yet justify definite conclusions. Nevertheless we can say definitely concerning the treatment of neurotic character that the ultimate success of any treatment depends on classical psychoanalytic methods which do not shrink from subjecting the seemingly banal routine of everyday life to detailed scrutiny.

3. BURROW, T. *Psychiatry as an Objective Science*.—The author first calls attention to the discrepancy between our subjective images and objective observations and our usual laissez faire method of resolving them and the social consensus which permits this. In the study of psychiatry Burrow holds that objective estimation is rendered difficult if not impossible by the subjective images of the observer. The social scheme preserves these subjective images. Hence the need for a reform



if a true objective psychiatry is to be realized. Burrow spends several very obscurely worded pages trying to elaborate the sophists' position arrived at by Protagoras, 500 B.C. that man is the measure of all things, and we think alike (*i.e.*, behave the same) concerning those things that are necessary to live. A lack of consensual agreement in terms for subjective processes is at the bottom of all this. (Also see Protagoras.) But *the* psychiatrist [*some* psychiatrists should have been written] fails because it does not possess as yet a basis of consensual agreement among the observers as to what constitutes its immediate material. What this material is is not given. If in our individual minds there are repressed and private terms of interpretation, there cannot exist in the social mind [whatever this image may be] mutually agreed and commonly accepted terms of observation. Burrow makes a plea for a laboratory method for arriving at such fixed position. [Why not explain it just as easily and as unsatisfactorily in terms of our individual Jehovah complexes and the struggle as to who will be subjectively the biggest and best Jehovah? *i.e.*, have the "best" social images. J.]

4. CORE, D. E. *Some Clinical Aspects of Certain Emotions*.—The object of this paper is twofold: (1) to endeavor to correlate certain psychical phenomena with groups of clinical symptoms and (2) to assess as far as may be possible the biological value of the functional nervous disorders. He discusses various divergent viewpoints as to the developmental emergence of emotions; as (1) Inception, (2) mental states of the animal under the influence of emotion, (3) associated somatic manifestations (4) reinductability of the emotion and (5) state of the animal in the interval.

"I would suggest that the chief factor in the human which militates against the operation of psychical dissociation is emotional control; conversely, that the defective development of such control in the human enables the process of psychical dissociation to be operative. Expressing this in other words we may say that the obtrusive manifestation of psychical dissociation in the human is an approach to the non-human psychology; clinical symptoms arising out of such manifestation are indications of a psychical retrogression.

The clinical condition which is characterized by the undue operation of psychical dissociation is hysteria; hysteria therefore may be considered as a retrograde manifestation; one in which the human approaches abnormally the non-human psychology. Furthermore, in that emotional control is acquired by the human during his early years and is absent or nearly so in the infant and young child, dissociation is to be expected normally in the period of immaturity; the psychical processes of infants and young children are essentially of the hysterical order and differ from hysteria only in that they are normal to this stage of development. As they grow older their emotional control develops and they show no



more of their "hysterical" heritage than is normal to the generality of mankind. If however, through faulty environment of upbringing, their control does not develop as it should, then clinical hysteria is apparent when the environment of upbringing gives way to that of the community in which they have to live and work. But, even so, as such people do grow older, their control does increase, and their hysterical manifestations disappear, unless they are perpetuated as habits through persistent maltreatment.

It should be remembered that we all of us have developed out of this atmosphere of infantile uncontrol of our emotional tones and the psychical dissociation that goes with such lack of control; many useful elements of behavior in normal man may be traced to this phase of his life. It is only when emotional control and psychical dissociation are allowed to persist abnormally that the subsequent behavior becomes of clinical interest.

Clinically two groups of neuroses, retrograde and progressive, are sharply differentiated by the presence or absence of psychical distress.

Hysteria is essentially a protective mechanism, subserving the patient's egocentricity; being in conformity so to speak, with his self-respect. The earliest attacks are associated with a limitation of the field of consciousness and the performance of actions primarily associated with a centrifugal tone provocative at one time of the mechanism of psychical dissociation. In subsequent attacks the abnormal behavior is more and more habitual and the diminution of consciousness is less and less in degree; hysteria may be considered as the neurosis of habit action. The persistence of hysteria as a clinical state implies the dominance of the patient's egocentricity over his immediate surroundings; characteristically such people are apparently temperamentally placid. On the other hand, the progressive neuroses implying as they do the inability of the patient to satisfy certain strongly felt emotions, are accompanied by temperamental instability; irritability, depression and so forth. And of the progressive neuroses, the mnemoneurosis is associated with pain.

Clinically then the psychoneuroses may be classified into the following groups:

A. Retrograde; disorders associated with the abnormal operation of psychical dissociation hysteria and the exaggeration of habit action.

B. Progressive; disorders associated with a defective balance of emotional control as applied to (1) emotions subserving reproduction; centripetal dysthymias, (2) those subserving personal safety; centrifugal dysthymias. These dysthymic conditions tend to develop into the (3) memory neurosis through the intervention of dread.

To summarize, we may say then that from the standpoint of clinical medicine emotionalism falls into two groups, centripetal and centrifugal respectively, and that the recognition of this duality is of utility in the



classification of functional nervous disorders. It is of equal importance to realize that in the formation of such disorders emotional control would appear to play the most important rôle, and that abnormality of such control is an essential associate of these conditions. Functional nervous disorders would appear to arise out of an abnormal relationship between the emotionalism of an individual and his control; abnormal as considered in the light of the average for the community in which he is born and develops.

Defective formation of emotional control in the first few years of life, if sufficient in degree, conduces to hysteria in adolescence and to the perpetuation of certain symptoms as habitual action in later life in the event of the hysterical symptoms not receiving proper treatment. Hysteria therefore is a regressive condition.

A defective balance of control between the two groups of emotionalism is associated with functional disorders of the progressive order; the defect may consist of an overstraining of centrifugal control or an overdevelopment of a centripetal; the results in each case are clinically recognizable though in civil life the degree of invalidation may not be very great.

The occurrence of dread, independently or in the course of the above abnormal states, will, if it be allowed to persist, bring about definite and increasing invalidism. Prominent symptoms of such invalidism are pain and a rising blood pressure, and this phase ultimately ends in organic disease through the supervention of vascular involutionary changes.

In the event of the emotional control being badly treated during childhood, in the direction of overdevelopment and overstrain, the elements of an obsessive neurosis in later life may be implanted through the possible mechanism of "amnesia by relative inattention," a neurosis which also in the course of time is liable to pass into the organic state through the occurrence of dread. These latter types of disorders, in that they depend upon the presence of emotional control and "pictorial" memory, must be looked upon as exclusively human and therefore as being progressive."

5. SHARPE, E. F. *Francis Thompson*.—The authoress speaks of Thompson as the greatest religious poet of the nineteenth century. She offers some psychoanalytic observations as to the sources of his inspiration, first outlining his life history and then quoting from his poems showing his undifferentiated infantile fixation material worked over into poetic form. This cannot be abstracted—the whole of this very valuable study should be read. Part of the last page is here reproduced.

"He was assured of the immortality of his name, an assurance paradoxical enough in the face of his hesitancy and his neglect of the world. In mighty metres and jewelled words, the Universe was his box of toys. He too, like Shelley, 'tumbles in the stardust' and the 'Moon



is his sister, the stars his brethren.' He swings the earth 'a trinket at his wrist.' His outward life expresses not only, as we have seen, an endless yielding up of all to the relentless pursuer, but it has this other significance too—a deep-seated infantile omnipotence. The evidences of this unconscious infantile omnipotence are to be seen in his timelessness, his neglect of all ties and obligations, his disregard of health, his dependence upon others for food and shelter, and that immunity in spirit that enabled him to live under such dire conditions. All alike point to a fundamental desolation of spirit when confronted by the limitations of time and space in a reality world. He died with the toy theatre near him.

"We might formulate much of Freud's theory of infantile sexuality from Thompson's poetry so direct is the transcript from the unconscious mind to great verse. The world will accept its poets if not its scientists, and the poets know, although they do not know they know.

"We speak a lesson taught we know not how,  
And what it is that from us flows  
The hearer better than the utterer knows."

6. DUFF, I. F. G. *Phantasy of St. Thérèse de l'enfant Jesus*.—The life and work of a French girl who died in 1897 and was canonized in 1925 forms the foundation of this interesting study.

This deals with a phantasy which persisted throughout her life, and was the chief unconscious factor in her resolve to become a nun, and led to a certain neglect of her health which may have hastened her death. She was born in 1873. Both parents were intensely religious, the father died in a psychosis. She was a precocious child; the youngest of five living girls of nine children. Her mother died when she was four years and five months old. She was sensitive and tearful when at thirteen a miracle helped her to overcome this character flaw. She was little Queen to her father. She was received into the Carmelite convent at Lisieux at fifteen and one-half years of age and died there nine and one-half years later of tuberculosis.

The name she took on becoming a nun was Thérèse de l'Enfant Jesus. She was talking to the prioress, and had just thought that she would like to be called by this name, when the prioress herself suggested it. This fact together with the fact that in taking this name she both remained herself, and could identify with the foundress of the order, made the idea most acceptable; she experienced great joy at the suggestion, and looked upon the incident as a "delicate attention of her well-beloved little Jesus." So the mother is an intermediary between her and God as in the early phantasy.

Another feature of these last two stories is the importance of the mother, which is so striking a part of the three year old phantasy.

She claims that her first memory is of hearing people say that



Pauline, the second oldest sister and the most important figure in her life after her father and mother, was going to become a nun. The intensely religious atmosphere in which she lived would leave her in no doubt as to the fact that a nun went away and lived in a special relationship with God, and she resolved that she too would become a nun. "So it was her example," she adds, "that from the age of two years drew me towards the Spouse of Virgins." Pauline acts the mother's part and draws her (carries her) to a sexual relationship with God.

When her mother died she at once replaced her.

The chief mechanism involved in this phantasy seems to be a very complete identification with the mother, or even with the mother's vulva. The value of the phantasy is enormous. It enables and at the same time it serves as a reaction formation against the death wishes to her mother; but the purpose of the death wishes is fulfilled, because the mother has ceased to be an envied rival and has become a subservient intermediary. There is an exquisite irony in such a phrase as "the Queen of Heaven watched over her little flower," for the situation is "either you and I," or "neither you nor I." If her mother's jealousy forbids Thérèse gratifications with her father, her mother cannot have them either; if, on the other hand, her mother indulges in them, Thérèse as the genital organ is the chief beneficiary. But she is in no way to blame. She cannot help it if her mother is in heaven with her father. And so by living out her phantasy she attained a fairly happy solution to her conflicts.



## IMAGO

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ABSTRACTED BY LOUISE BRINK, PH.D.  
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1. ERNEST JONES. Some Problems of Adolescence.
2. DR. SIEGFRIED BERNFELD. A Typical Form of Male Puberty.
3. AUGUST AICHORN. Training in Reformatories.
4. MELANIE KLEIN. Infant Analysis.
5. DR. S. SPIELREIN. Three Questions.
6. ANNA FREUD. Hysterical Symptom in a Child of Two to Three Years.

1. *Some Problems of Adolescence.*—Jones explains that by problems he means here gaps in our knowledge, the "solution" lying in the pointing out of relationships, popularly known as causes and effects. He wishes to consider what it is to become an adult, what forces promote or prevent this, and how successfully adulthood is ordinarily attained. In order to discover the true differences between the state of childhood and that of adulthood he compares the latter with the earliest period of childhood.

The more obvious differences are those of size and the like. Greater difference in intellectual development needs more thorough investigation than it has had. The test of intellectual age is incomplete so long as insufficient attention is given to emotional interference with intellectual function. Moreover, psychoanalysis has led to a greater respect for the intelligence of the child than has hitherto prevailed, for the young child manifests greater boldness of thinking, a critical, investigating desire for knowledge, which education may blunt and restrict rather than aid.

A real difference between the child and adult lies in the greater unification of psychic elements in the latter, so that he acts with his entire personality, while the child obeys the individual impulse uninfluenced by other strivings and considerations, producing an autonomous "complex activity" as in psychic disorders. The child has not yet learned to endure excitement without immediate discharge; that is, to interpolate an interval between excitation and motor or affective reaction. The achieving of ability to endure a greater amount of psychic pain has a great deal to do with the gradual submission of the pleasure-pain principle to the reality principle. Better understanding of this integration



would give greater knowledge of the difference in intellectual ability at different ages. The higher intellectual functions are dependent upon this capacity for concentration, where synthesis and restraint play a large part.

Differences in the emotional and affective life are found in study of the phantasy life of children and of adults. In children there is a more pronounced egocentricity in their phantasies, while definite directed yearnings are absent; there is not the desire to transcend the boundaries of the finite that appears in varied guise in the phantasies of late adolescence. It arises here from the sense of imperfection or inferiority of the ego and the longing for attachment to ideas or beings outside the self. There is a stronger altruism based upon the higher development of the capacity and the urgency for love, whereas in early childhood the desire is to be loved. Phantasy, furthermore, is in closer relation to actual circumstances both in the period of transition from the earliest to the second period of childhood and in that from adolescence to adulthood. This corresponds to the progress from self-sufficiency and self-complacency to the cathexis of the external world with interest and love.

The lessening of the dependence of the individual is the measure of the extent of mastery of the task of becoming adult, the freedom or inhibition of intellectual powers forming part of the resultant picture. Psychoanalysis has found the most important source of dependence to lie in the early relation to the parent, where there is fear of exciting the parent's displeasure or losing the parent's love. Experiences of a sexual nature play their part in the development of enterprising spirit, sense of responsibility, initiative, self-confidence, or in a feeling of guilt for yielding to temptation.

The chief difference between child and adult lies in the sexual maturity. There is a rich sexual life of the child in its earliest years, but the character is atavistic, that of primitive man and of the animals preceding man. In the second period of childhood, after the fifth or sixth year, this sexual life is in part sublimated to nonsexual aims, in part repressed, while still another portion continues to lead an existence secret from the elders. There are also desires, as for the parents' caresses, which must be inhibited and only later may be directed to other objects beyond the parent and immediate environment. At such time, too, the wish to be loved gives place to the wish to love.

The phases of infantile sexual development are revived in adolescence. The transition stage of puberty contains a regression to the earliest infantile period and a recapitulation of the first five years of development, just as these years repeated ages of ancestral experience, and intra-uterine life the millions of years preceding. Yet in the two transition periods the process takes place under very different conditions. This



is true not only in the sexual life, though that plays its very great rôle and may be taken as indicative of the whole development. Early childhood is characterized by a diffuse autoerotism in which the body apertures play a large part. There is then a stage of pregenital organization, such as the anal-sadistic. Then follows the establishment of the primacy of the genital zone and the development of narcissism, to which the next stage, homosexuality, is closely related. Last appears the heterosexual object choice. There is a corresponding phase in puberty to repeat, though in different setting, each of these phases of early life. The manner in which the individual developed in the early period will be found again in the later period; for example, if the struggle with masturbation created difficulty at the earlier level, a similar difficulty will appear at the later one.

The autoerotic phase is found in puberty in a rich phantasy life and still lingers in adults in shyness and confusion. Anal-sadist qualities reappear in the disorderliness and roughness of the thirteen-year-old, together with other characteristics. Narcissism may reveal itself in arrogance or in negative form in self-depreciation; homosexuality may be positive or negative. Heterosexuality may seek to break through barriers and reach its goal at once. In childhood it has been under family inhibitions; in adolescence it would directly reach its goal. Its conflicts are finally dissolved in the harmony of a happy love.

These facts should be considered applicable to the problem of intellectual development and integration. Inhibitions develop chiefly in the first period of childhood and again in adolescence. These inhibitions are alike in nature whatever difference in form they take. The child learns the various stimuli which act upon the psychic apparatus; it learns to endure without immediate reaction to the stimuli and to displace the reaction to the proper moment; and to associate the stimuli with other effective forces in the psychic apparatus. In adolescence this happens to a still greater degree: the child learns control of excretions, the adolescent self-control; in childhood there is more weight put upon control of voluntary muscular reaction, in adolescence upon that of affective manifestations. The strengthening of inhibiting forces in these two periods is associated with great intensity of the affective life, so that the inhibitions are a reaction to the affective onslaughts of the periods. Thus repression, too, is most active at these times, making the material in early childhood wholly unconscious, while the repressed material of puberty is in part excluded from consciousness for all time, in part will be accessible later.

Altruism means the giving of interest and love to the external world, the phantasy life being supplanted by adaptation to reality. This, as well as the dissolving of the pleasure-pain principle by the reality principle, has its part in the transition from early childhood to the second



period of childhood and in the transition from late adolescence to adulthood. It corresponds to the turning to heteroerotism with the victory of the external world over phantasy. Autoerotism finds its source in the ego, heteroerotism needs the outside world.

The dependence of the child, the author believes from his investigations, is not a realization of its need of the parents' care, which the child takes for granted, their care of him resulting rather in a sense of power. The feeling of dependence arises later from a craving for love in the heteroerotic or Oedipus phase of early childhood. This feeling normally diminishes after the sixth year and reappears in puberty in altered form, most typically in the God idea as representative of the father. Impulses are more or less inhibited in the sexual sense and seek emotional outlets. The infantile Oedipus attitude (boy) may appear positively toward the father, negatively toward the mother in rejection of her love manifestations. Love toward other objects becomes more active than receptive. In complete adulthood former ties are loosened, and the inhibited and the direct sexual impulses are united in the new object. Dependence or independence in the adult in all other respects is due also to the outcome of the incestuous libidinal ties and how the libido has been employed.

These ideas are important for pedagogy. The goal-inhibited libido, the strongest instinctive force at our disposal, is of incestuous origin, and if the libido enters into dependence the child is so much more difficult to educate. It is not meant that manifest auto- or heterosexuality are in mutual relation with education, but excessive repressive activity, suppressing every sexual manifestation, affects the libido upon which educability depends. Difficulty and naughtiness are due to repression of inhibited libido in early life rather than to the urgency for sexual activity, and consequent rebellion against authority. Excessive repression and incomplete repression diminish educability in the same degree. Education may be prevented through autoerotic activity or through heteroerotic binding of love of which the educator is unable to make use for draining off the libido.

The forces at work during the process of becoming adult are of external and internal origin, some furthering the process, some hindering it. Phantasies of ambition and action are indicated already in childhood. Parents' coöperation and ambition are effective through identification. Conservative tendency disinclines the individual to advance to the unknown. This tendency is strengthened by parents' jealousy and their difficulty in renouncing pleasure in their children. Later development of the child depends largely upon an inner urgency despite an internal resistance and strong opposition on the part of the external world.

The biological significance of adolescence is considered in the light of the long period even of prepuberty in the human species. Forces are



at work in human society affecting not only puberty but tending further to extend their influence throughout the years of greatest sexual activity. Is this tendency purely sociological and psychological in origin and injurious in the biological sense? An interesting question for discussion. At any rate, in man the first manifestations of sexual life do not proceed uninterruptedly to complete maturity, but development must pass through a second period in a serious, often tragic, manner.

2. *A Typical Form of Male Puberty.*—The author brings forward facts derived from extensive study of youths at the age of adolescence to illumine a certain form of puberty. Puberty, he believes, that period of such great importance in human development, physiologically, psychologically, and sociologically considered, is in need of much more precise study in its various forms and manifestations. Bernfeld conceives of it functionally as Freud has defined it regarding the change from the infantile to the adult psychic and physical sexual condition. The duration of the process is extremely variable, two to eight years being given by various authors.

The duration of the physical process, the maturity of the genital apparatus and the sexual power, is relatively constant, but the adaptation of the psychic aspect of puberty to the physical allows of great differences in length of time. The author's interest is directed here chiefly to an extended puberty in which the end lies within the field of the normal, but yet arrives only after the close of development of sexual power plus the shortest adaptation of the sexual desire to the developed sexual capacity; that is, a form of puberty frequent enough to be called typical. In other words, the psychic phenomena here continue beyond the period of physiological puberty. This form is of direct cultural significance because these are the youths who favorably or unfavorably take part in the contents of civilization and their change, whether in religion, politics, art, science, sports, or what not.

The characteristics which mark this form of puberty and adolescence are first their wealth of interests; these are idealistic, serving neither undiverted libido nor the satisfaction of ego impulses in direct form. Secondly, the attitude toward the goal is characteristically productive: the desire is to create, not merely to enjoy created works. This tendency is often hindered though present, and it may be only the "illusional realization of phantasy." Thirdly, there is a marked self-consciousness or many signs of an unsuccessful repression; the person's own work is highly valued, even overvalued, though with such positive narcissistic feelings are also the opposite ones of sense of inferiority. There is also self-love with depreciation of others. In the fourth place some members of the despised group are given love and reverence as friend or master, excepted from the general depreciation.

A fifth characteristic is the ideological love to a friend, and this may



be extended to a large circle or society of equals in position, ideas, and the like; or there may be such association between those scarcely acquainted, but united in a common interest, as upon a school journal. The narcissistic root is here, too, the source of the tendency.

The ego has here, in contrast to the situation of the latency period and in other forms of puberty, received an extraordinarily great libido cathexis and at the expense of the object. Results are similar to those familiar in the psychosis, but with a distinct difference: the objects are not entirely devoid of libido, for even the conventional being-in-love is not excluded. The very frequent, though only passing, narcissistic homosexual fixation manifested in this form of puberty is comprehensible. The function of puberty as given by Freud is disturbed: instead of the bringing together of the sexual impulses definitely toward an object, a considerable portion goes to the ego libido and creates a secondary—or tertiary—narcissistic situation, with which, however, a libidinal object remains.

This pubertal narcissism is sharply distinguished from the infantile one through an economic factor. It is only to a slight degree, if at all, pleasurable, reminding one rather of states of melancholia. The ideal ego is binding a considerable quantity of libido to itself; and the stronger this binding is, the more remote is it from the real ego, being even in opposition to it. This form of puberty is a typical solution of the conflict thus arising.

The conflict is described thus: The libidinal strivings which return to the ego or develop in it are prevented by the ideal ego from binding themselves to the real ego; diverted from their goal, they seek cathexis possibilities permitted by the ideal ego. Endopsychic formations, phantasies, values, ideals, present themselves and become in a way objects through cathexis of ego libido. The undisturbed cathexis is bound with pleasure, the sexual activity possible is different from that with objects of object libido, as illustrated in a poet's lines which state that one does not wish for the stars but is thrilled by their splendor. The ideal formation which takes place by direction to a goal of ego-libido strivings under pressure of the ideal ego is the fate of ego libido that is analogous to sublimation in the case of object libido.

The productivity mentioned is at the command of the ideal ego. The project justified by the ideal binds ego libido; it often belongs in large degree to the real world and thus grants sublimation. Bound often with other persons, it forms a link between ego introversion and potential sexual objects in the real world.

The conditions under which this form of puberty comes to pass are first an extraordinary strength of incest wish and incest taboo. Other factors also make for the discrepancy between the physical and psychic development. The narcissistic trauma at the beginning of the latency



period succeeded upon the infantile conflict, and the condemnation of the ego by the ideal ego probably rests upon experience and narcissistic limitations which the individual experienced because of early infantile discrepancy between physical and psychic. Every trauma, then, at the revival of the discrepancy, affects the end of psychic development.

The ideal ego strives against individual characteristics of the ego which were actual in the loved person, father, brother, and so on. If identification has been retained too long in the unconscious, at puberty the father is more in the ego than is known to consciousness and the ideal ego must oppose this identification. Identification with the mother produces the feminine traits—not homosexual—characteristic of this form of puberty. This identification threatens incest within the ego, a matter which the author believes needs much earnest investigation. Knowledge of this condition would aid in the understanding of creative artists, particularly poets. These people do not end their adolescence all their life long. The frequent precocious development of the artist is due to the unusual character of the latency period, the sexual activity during this period being greater than usual. There is increase of ego libido and of its activity in the latency period and in prepuberty and, as a result of the limitation of the narcissism, development of the ideal ego.

The writer has excellently summarized the conditions determining this form of puberty: a lasting, appreciable narcissistic injury remaining from the breaking off of infantile sexuality; strong incestuous fixation continuing beyond the latency period; beginning of the ideal ego formation in the latency period and in prepuberty.

3. *Training in Reformatories.*—Aichhorn presents a very stimulating report of work done in an institution for the "dissocial" child, approach being made through a sympathetic psychological appreciation of the human needs and conflicts involved. In all cases, the author states, whatever deeper cause the dissociality may have had, the one precipitating factor lay in the lack of that central point of stability which each child should find in its early home life. It is not heredity alone, but the form and strength of the libido attachment of the child to the objects of early environment which determine his later adjustment. At the reformatory effort is made to enter into the strength and manner of the child's libido attitude that the "course of the psychic processes" may be "automatically regulated through the pleasure principle." The dynamic of the libido components is allowed to give impetus to abreaction of perverse libido in useful forms instead of bringing about conflict with police authorities. Thus a difficult, excitable, mildly schizophrenic boy, subnormal intellectually and very aggressive, was put to work in the gardens digging in earth and fertilizer; a young homosexual youth was placed in a tailor establishment, where he showed himself a "genius at tailoring."



The endeavor is always to avoid the distrust and hatred evidenced by inmates of the old type of institution. It is realized that those who enter here are dissocial because they have been deprived of the joy in life; their negative attitude and hatred are the reaction to an actual pleasure hunger, due perhaps to a greater original need, but increased by deprivation and often cruel experience. The institution must help these young people themselves to experience that the total of pleasure is greater in conformity to society at large. The blotting out of the personality in institutional life must be avoided, the deadly uniformity which drives the child into phantasy, where the balance between pleasure and reality is not discovered.

The institution of which Aichhorn writes, first at Oberhollabrunn and then removed to St. Andrä, and again to Eggenburg, seeks to retain freedom of movement for the individual by arrangement into groups in barracks, the groups being formed upon an organic basis bringing together those who naturally are drawn together. The miscellaneous assortments of older institutions, where the child's pathology is too often aggravated by the group in which he is placed, are avoided. Grouping here is made according to intellectual defect; social defect, to be readily overcome under the influence of new surroundings; social defect needing more active treatment; and characterological faults as well as social defect, with higher intelligence; disturbances of equilibrium with occasional motivated aggressions, along with the above needs; aggressions of most varied forms breaking forth without special motivation with above defects. Thus those in charge, finding the same elements repeated in the group, can more readily devise methods for training and the grouping proves both economically and therapeutically advantageous.

Patience and persistence in the face of distrust of these methods from without and in the presence of actively hostile or silently scornful reaction at first from the inmates themselves are the striking features which this report reveals. But it is here in the young inmates' own internal grounds for resistance that therapeutic approach is made and confidence finally won. Words do not break down opposition; ethical values have no attraction at first. The first appeal is made to physical hunger, not desire for refined foods, but for generous feeding; and above all there is the knowledge that officials and inmates are sharing alike in common food cooked at one hearth and in the same pot. The daily conflicts breaking forth from unconscious motives constitute the very means of entering into these deeper sources of difficulty. Such conflicts are even abetted or created, as, for example, in permitting or arranging that some one shall escape from the institution. A most interesting example is given of a youth brought to the institution for stealing. He was a docile inmate, but signs arose that the satisfaction—pleasure—of the institution was no longer counterbalancing the attraction of the external world.



Though obedient and helpful, this youth had given no evidence of transference. On the principle that no transference could arise except through his own experience in voluntarily recognized need for help, he was allowed to run away. He returned after many days, was received by the director himself, at whose dwelling place he knocked, fed, kept for the night, and by morning the transference was awakened and the boy's attitude was permanently changed. He is now a successful business man. A second very interesting example is given of the self-confession of a theft within the institution and the regeneration of attitude and character which followed through a similar sympathetic entrance into the youth's own situation, the allowing him to "become the hero of his own drama" and work out his conflict over his misdemeanor.

Not punishment, but a talking out of wrongdoing and the conflict behind it is found to be the method that brings the permanent results of alteration of social attitude and gradual adaptation to the demands of the larger society outside. The director and his assistants are not dismayed by backsliding and rebellion, viewing both rather as the very means and material for therapeutic and educational effort. Response may be slow, but the wards, both girls and boys, learn to come voluntarily with perplexities, conflicts, desires, their misdemeanors, crimes; all that burdens them and has driven them into their dissocial state. The advantage of psychoanalysis is mentioned for a surer means of discovering the sources of trouble and one which would give an earlier guide as to grouping and treatment. Facilities for this are not yet sufficiently developed, and its use is still limited to some cases. Aichhorn speaks more than once of the evil of precipitate adoption of psychoanalysis by those insufficiently trained for its use.

He speaks also of the great need for a true empathy on the part of the instructors, those who have these dissocial children to train. It is necessary to feel oneself into the situation of the affection-starved child, negativistic because of his earlier disappointments and harsh treatment. Sometimes his craving is due to excess of affection from the parent; often there has been actual harshness. In either case there has been lack of love between the parents and perhaps direction of the unsatisfied love to the child. The strong bond to the leader in the institution, as discussed by Freud in *Group Psychology*, is a very important factor in the gradual socializing of the dissocial person for his place in society. Mention is made of the need of the feminine element in the personnel of the instructors.

The courage and persistence of the plan followed is shown in an interesting account of the struggle with a group of violently aggressive individuals. The causes of the aggressiveness were the thing sought. Continued kindness, occupation, and much play were the means used



during the aggressive period. The kindness was counted as weakness; the aggressions increased to the point of chaos. The director and his assistants attempted to preserve calm at the center. In place of the original aggressiveness, apparent aggressions made their appearance. The children were attempting in vain to bring about that reaction to their wildness which they had produced in their early surroundings. They invited further cause for hatred, which this time they did not receive. The next phenomenon was weeping with rage, which was succeeded by a great lability, not without a further attack of rage. The director felt that the cure was taking place unconsciously to come later to the surface; and he utilized a season of joy, Christmas time, and then removal to a fresh, new institution where the group was given fine barracks and where the scene of the conflict could be forgotten. He thus prepared for them a great affect of pleasure. They became docile; even though severe tests were put upon them they attained position and social character. As the aggressiveness receded, some revealed heightened intellectual achievement, a significant fact. Force had not been necessary throughout the experiment with these, the worst inmates. Aichhorn speaks of the loosening in the structure of the aggression which was taking place, evidenced in the weeping, after which the repressed libido, formerly sadomasochistically directed, gradually took possession of the object—instructor. Once the transference was established, there was an emotional bond of identification and the once dissocial person was now a part of the social group. One cannot be certain, the author says, how completely the individual will in time extend the process of freeing the libido for normal goals; the task is not to heal, that is impossible, but to render the child immune before he is returned to the infectious life group. For that reason he must be exposed to the same sort of difficulties to be met there. In dealing with certain "abnormal" depressive types, an insight into their condition and treatment is obtained when the start is made from the narcissistic point of view.

It is hatred that marks these dissocial persons, particularly hate of two types: that of aversion toward the environment, reaching even to deadly hatred; and another less frequent form, which has been found in girls and in boys, curiously, only among those of Jewish origin. This manifests itself in excessive, even undesirable, friendship and intimacy, self-assurance and arrogance; but it is deceitful and sly, and these children prove themselves secret tyrants and agitators. Hate is always the expression of the craving for love.

Aichhorn pays tribute to psychoanalysis and states briefly the ways in which it is of specific help in this difficult work. The entire article deserves thorough reading, and only an inadequate abstract of its interesting material can be given here.



4. *Infant Analysis*.—Abstracted from *International Journal of Psycho-Analysis* in PSYCHOANALYTIC REVIEW, Vol. XVI, No. 3, July, 1929, pp. 325-7.

5. *Three Questions*.—Spielrein gives a brief report of an experiment made with some students at the Rousseau Institute. They were given an opportunity to write down three questions that interested them, which would be answered for them. A week later they were requested to close their eyes for a minute or two and write down immediately afterward the first three questions that occurred to them. The questions are reproduced together with the numbers of pupils who in each case asked them. In Spielrein's comments upon them we note that of forty-five of the first series of questions twenty-nine related to the future, fifteen to the present, while only one referred to the past. A third of the questions related to religion and morality, which the writer suggests may be due in part to the Calvinistic environment of these students (Geneva). Only nine are concerned with the continuation of life beyond this world. Eleven, that is, one-fourth of the questions, concern themselves with temporal or spatial matters beyond the confines of this earth.

The spontaneous questions after closing the eyes have all to do with the future, the immediate personal future in this world. No religious, moral, philosophical, scientific interest appears, but the more "social," less reflective, demand for knowledge is revealed as an egocentric desire suited to the moment. Some of the questions are expressions of immediate wishes.

6. *Hysterical Symptom in a Child of Two to Three Years*.—Abstracted from *International Journal of Psycho-Analysis* in PSYCHOANALYTIC REVIEW, Vol. XVI, No. 3, July, 1929, pp. 335-6.



## BOOK REVIEWS

THE SOCIAL BASIS OF CONSCIOUSNESS. By Trigant Burrow. Harcourt, Brace & Company, New York, 1927. Pp. 256.

This opus from the pen of Trigant Burrow is "A Study in Organic Psychology Based upon a Synthetic and Societal Concept of the Neuroses." The book is divided into two parts: "The Philosophy of the Neuroses" and "The Psychology of the Neuroses." The author has prepared an abstract of each chapter and the book is well arranged.

A chance event, an influence towards an important alteration in the doctor's point of view, is recorded in the preface. "It unexpectedly happened one day . . . that while I was interpreting a dream of a student-assistant, he made bold to challenge the honesty of my analytic position, insisting that, as far as he was concerned, the test of my sincerity would be met only when I should myself be willing to accept from him the same analytic exactions I was now imposing upon others. . . . In the interest of experiment . . . I conceded the arrangement." From out of the somewhat unpleasant weeks that followed, there emerged the view "that, in its individualistic application, the attitude of the psychoanalyst and the attitude of the authoritarian are inseparable." The book then takes its origin from this, an eventuality "enforcing the relinquishment of my habitual personalistic basis in psychoanalysis and bringing me to feel the need of a more comprehensive interpretation of the unconscious," and his six years of "social experimentation upon the discrepancies of an individualistic analysis." In the introduction we find that the purpose of the essayist is "an attempt to offer a more adequate concept of the essential consciousness of man than," he feels, "has been attained through the interpretation of the unconscious patterns embodied in the present system of psychoanalysis." This concept is of an organic psychology of man based upon the emotions and reactions common to society as a unit. It becomes a doctrine of the social organism as a whole; an acknowledged outgrowth of the teachings of Freud.

In "Psychoanalysis in Theory and in Life" (Chapter I, Part I), he states that while he is in accord with the position of psychoanalysis "which affirms the factor of replacement as the essential account of nervous manifestations and assumes the urge of the sexual instinct as the element replaced," he is at variance with the prevailing view concerning the relation of these two propositions to one another. He writes, "The difference lies in the fact that I do not regard this replacement as *primarily* a replacement for sexuality as we now know it. . . .



Sexuality . . . is itself a replacement for the organic unity of personality arising naturally from the harmony of function that pertains biologically to the primary infant psyche. . . . The whole meaning of sexuality . . . is substitution, compensation, repression. . . . [It] is identical with the unconscious, . . . the restless, obsessive, overstimulated quest for temporary self-gratification. . . ." By sex he means ". . . life in its deepest significance. . . . The spontaneous expression of a natural hunger, . . . a yearning from the depths of a man's organism for mating and reproduction, . . ." The author feels that the average psychoanalyst assigns to his patient the goal of normality, which is in itself a neurotic manifestation. Furthermore, the failure to recognize the distinction between the objective and the subjective is the difficulty in the present methods of therapy. "Psychoanalysis itself or, as its name implies, the loosening or freeing of consciousness, is nothing else than the conscious acceptance of life. As such, it is the exact contrary of the objective and technical. Life is not a technique. . . . Technique is an objective instrument. Life is a subjective experience." Further on he states that ". . . whosoever follows the calling of psychoanalysis is merely one who seeks to understand and accept life as it is without intruding himself or imposing his views or exerting his authority. Indeed, psychoanalysis is essentially the abrogation of authority. For the psychoanalyst is not content but receptacle. Lacking method or design he offers nothing, but is the recipient of all there is of human experience as subjectively substantiated within himself. . . . If the psychoanalyst is to be the recipient, there must be those who stand to him as the recipient also. . . . to analyze is to be analyzed, to understand is to be understood."

Those of us who have failed to grasp the point of view of the "group analysis" movement may find in the above something more lucid. As the author later reveals in a footnote, significance in group analysis lies in a phyletic principle of observation applied to the individual and to the aggregate.

In his concept of consciousness (Chapter II, Part I) there is recognition of the kinetic factor common to both the "subjective and objective spheres of relativity." And with this kinetic factor as the space-time coefficient, the "personal and social absolute" may be conceived as related to a "background comprising the relativity of man's consciousness as a whole." The principle of relativity analogously (and perhaps analogically) applied to the sphere of consciousness is considered in its individual aspect in the third chapter—"The Origin of Our Individual Unconscious."

Therein the author states that "It is my conviction . . . that the deeply entrenched root of our human pathology is to be traced alone to the conflict incurred through this suggestively induced image of right and wrong and that it is profitless, therefore, to seek beyond the impasse



*of this unconscious alternative for the ultimate source of neurotic reactions.*" The check to the child's spontaneous impulse lies not so much in the admonition of "do" or "don't" as in the implication that the child is to conform to the adult and the adult's convenience. Objectively considered, the components of man's consciousness may be seen as containing three determiners to the affective life—corresponding to the three dimensions of the physical world—namely, "one's own self, the selves by whom one is surrounded and the positive or negative reactions of the self in respect to other selves as comprise our progressive or regressive interrelations one to another." According to the author's thesis, the non-inclusiveness of others, the limitation of life to the bidimensional image of self and self's advantage, is the meaning of unconsciousness, both individual and social. From this plane of reflection there is erected a criterion of personal supremacy, private prerogative, or personal absolute, which may be identified as the reaction of resistance in the Freudian system.

"The Unconscious Factor Within the Social System" (Chapter IV, Part I) is similar to that observed in the individual. For example, the autocracy of the individual's bidimensional outlook finds comparison in the infallibility of the Roman Church and the systematization of psychoanalytic principles. The heresy of doubt is like unto the defection of resistance and, from the standpoint of their respective systems, equally convicting. Both doubt and resistance exist. But in no satisfactory manner can individual right be met merely by group right, inasmuch as both are reflections of a prior principle of absolutism. It is only through the relinquishment of the personal absolute that consciousness may ensue.

In the fifth and last chapter of the first part the author deals with the "Sociological Implications of Unconsciousness from a Viewpoint of Relativity." The attempt to satisfy the self through pleasure that is evil and gain self-advantage through a painful conformity to the good results in a division of personality that pervades the entire social order. The unconscious or bidimensional replacements in the social system are traced through art, science, education, etc. The mechanism of psychic ambivalence as described by Freud is based upon this division of impulse with its oscillations between good and bad.

The author finds in an "Analysis of Freud's Dynamic and Individualistic Conception of the Neuroses" (Chapter I, Part II) that while the enduring distinction of Freud's work lies in his "conception of a central totality of personality constituting the substrate of conscious life," that its limitation consists in the assignment of this totality of consciousness to a single individual. Such a totality of personality may only be envisaged from the standpoint of an inclusive societal consciousness.

Chapter II, Part II, "Formulation of an Organic or Societal Basis of Interpretation," continues with the theme that "Life has its beginnings in a continuous organic medium" and ". . . in the common



inherency of native feeling is the primal menstruum of our human consciousness. . . . The parent, as spokesman of a world of unconscious collusion, strikes in sharply . . . with a wedge of interdiction that marks the beginning of a cleavage within the personality." This separateness is the mechanism of the neurosis. ". . . integrity of the personality is represented alone in the preservation through the growth of the individual element of its primary organic confluence." One needs to stand apart, as it were, and view self as an element of the greater social organism. The author believes that the dominant urge among us is the instinct of tribal preservation.

"The Organic Significance of the Unconscious" (Chapter III, Part II) seems to exist in the illusion of separateness. Having created God in our own image, the easier to worship, our cerebration becomes a "fictitious brain state withdrawn from continuity with organic life."

Chapter IV, Part II, is an "Organic Analysis of Repression and of the Factor of Resistance from the Societal Viewpoint." The resolution of resistance, the objective reflection of the element of repression, has been considered as the essential problem of psychoanalysis. Dr. Burrow contends that Freud mistook the symbol of the individual for the inherent continuity of individuality and therefore "could not see the biology of resistance as the breach it is in the individual's continuity with life as a confluent, organic whole." The author finds sexuality and repression as concomitant and the result in the individual of an interruption to the function of sex, or life. Only this latter in its organic confluence may render inutile the factor of resistance nucleating about the tendency to separateness. Instead of the Freudian concept that life has origin in an "heterogenous substrate that is biologically discrete and 'polymorph perverse,'" the author "traces its source to a homogeneous matrix that is organically confluent and unitary."

Chapter V, Part II, deals with "Organic Analysis of Repression and of the Factor of Resistance from the Individual Viewpoint." He states: ". . . as the causative element in the neuroses is societal or subjective, an analysis that proceeds upon the objective task of uncovering a patient's complexes is futile. . . . I shall be interested not in the dark secrets of sexuality which he may bring himself to divulge but in the delusion of separateness that leads him to suppose that my sexuality or the desperate recourses of separatism and repression within myself are less dark than his own." If the analyst is interested objectively in the patient's infantile sexuality it is because of the retention of the same unconscious factors within himself. Transference is an unconscious condition involving both the analyst and the analysand. An impasse ensues out of the factors of resistance and repression in this mutual situation. Unfortunately, the transference is not analyzable. One cannot deal objectively with a sub-



jective situation. The transference is a "state of mind subjectively induced in the patient in direct response to the attitude of unconsciousness on the part of the analyst himself." He goes on to say that "much of the confusion of psychoanalysis is due to the failure of psychoanalysts to realize that there is a distinction between the mother-image and the mother-organism. . . . it has come to be my definite conviction that it is this element of the pictorial and statutory, as reflected in the parent-image, that is the real impediment to consciousness and the sole meaning of 'unconsciousness.'"

In the next chapter (Chapter VI, Part II), "The Dream and Its Analysis in an Organismic Interpretation of the Neuroses," the author feels that the analysis of dreams from an attitude that is separative and repressed is but to "exchange the dissociative symbols of the sleep state for analogous symbols in the waking state." The reactions of the night and the reactions of the day "represent the endeavor, through futile recourse to symbolic or 'would-be' measures of recommunication, to adjust vicariously and upon a separative basis the organic outrage to life's inherent disunity." Further on he states that "normality is but the collective dream-state of man's waking life."

"The Biological Substrate of the Neurotic Conflict in Its Organic Significance" captions Chapter VII, Part II. A disturbed balance between the cerebrospinal and sympathetic nervous systems coincident with the factor of repression underlies the two psychological types of "introvert" and "extrovert." Both reactions are self-centered. The introvert attempts to adapt through the individual dream whilst the extrovert makes the same attempt through the social dream.

Chapter VIII, Part II, deals with "The Distinction Between Sexuality and Sex in Relation to Unification and Organic Mating." The terms hetero- and homosexuality are fictitious discriminations embodying the alternative aspects of one and the same thing. The author uses the term autosexual instead of homosexual and the expression allosexual in the place of heterosexual, these conditions representing an alternation of man's ego-sexuality which is an extension of autoerotism into the sexual objective of another individual. It seems to the author that "marriage is for the most part a process of mutual adjustment of the ego-sexual claims upon one another of the two parties involved." From a more inclusive point of view a union of personality in man and woman, the complement not the opposite of the other, only may be realized in each by their identification with life. The distinction "man" and "woman" has led to the repression of the quality of femaleness in the male and maleness in the female in spite of the fact that the qualities of either are necessary in the unity of each.

Chapter IX, Part II, takes up the "Ultimate Resolution of the Societal



Neurosis in Its Social Implication." This the author undertook through the medium of the group in order "to obtain affective conditions shared in common that might afford a basis for the observation of affective conditions withheld separately." If the causative elements of the neurosis were societal, it seemed that its correction must be worked out on a societal basis. Situations arose in the group analysis analogous to that in the personal analysis, but in the give and take of the social analysis there was offered an opportunity for social equalization.

The last chapter deals with the "Ultimate Resolution of the Societal Neurosis in Its Personal Implication." It is necessary to dispel the illusion of mental oppositeness. "Harmony will follow automatically once we have accepted in its societal significance the affective unity of life." "What inducement," inquires the author, "will I have to cheat a man if he is myself? Or betray a woman if she is I?" With the development of unity in the individual a step is traversed toward the unification of the societal consciousness.

Ofttimes it has seemed vastly unfair to lift a few excerpts from their continuity and perspective in a thesis and ascribe to them representative value. Yet in a book of this sort, where the content is none too easy to assay such quotations, if happily chosen, illustrate the book more clearly than otherwise may be done by the reviewer. In so far as possible the above is an attempt to preserve the language and thought of the author in an uncritical manner. The proper evaluation of a book so difficult to analyze may be made only by one with appreciation of linguistic niceties and versed in the theory of the still constantly evolving psychotherapeutics. While Dr. Burrow can and does write in classic, erudite, and simple phrases, the average reader unfortunately may be overwhelmed by (though perhaps impressed by) the awesome and recondite construction that pervades the book.

One need not necessarily be Freudian to see something valuable in the conflict that is here being waged against undue "authority" and personal absolutism. The reviewer has no fault to find with cosmic identifications, as such; but the cleric trend of such expressions as, for example, "yearning . . . for mating and reproduction," seems to reach towards but the medieval dogmatism.

The hypothetical "psychoanalyst" who endeavors to direct his patient along the path of "normality" and among other things attempts to analyze the transference (leave the patient at the moment of uncovering the infantile fixations) seems to have been projected into our midst by the author with surprising naïveté.

Throughout the book most of those statements which seem to possess resemblance to uniqueness are given with too little precision and concreteness to admit of a definite opinion as to their finality.

ERNEST E. HADLEY.



LA MÉTHODE CONCENTRIQUE DANS L'ÉTUDE DES PSYCHONÉVROSES. Leçons Cliniques de la Pitié. Paris. A. Chahine, Editor. (Translation by Clara Willard.) 1928. Vol. I, 22 figs. Pp. 280.

This work, whether considered from the point of view of medical instruction or of research, seems of great importance, for the following reasons:

1. The author places before us the psychological personality in its entirety, a procedure which, without appearing to be significant, constitutes a veritable revolution, not only in the methods of teaching but of research hitherto prevalent in France.

2. He has endeavored, and with success, to give to mystic states an interpretation revealing their pathological relations without depriving them of those characteristics which distinguish them from the psychoneuroses—provided always, be it understood, that typical cases of the two phenomena are chosen for comparison. It may be said at the outset that the author seems here to have hit upon a solution which has hitherto eluded various contemporary psychologists—even William James. We believe that a brief review of these points, illustrative of the clinical examples presented, will lead to a better understanding of the book than would a dry analysis, chapter by chapter.

1. Through the brilliant teachings of Dupré the vain wranglings of nosologists have been replaced by a descriptive analysis of the *constitutions* (the well known emotional constitution, for example); but these studies were limited to what was clinically and superficially apparent, always holding fast, however, to the idea of the *constitution*. Laignel-Lavastine has endeavored to classify in their totality and complexity all the phenomena which go to make up a psychoneurosis, and even to place these phenomena in a hierarchal relation. This is what he calls the concentric method—a method which proceeds from the more apparent to the less apparent. In any given case these are the zones which will be met with: (a) *the psychic zone*, to which those clinicians who follow the descriptive method for the most part limit themselves; (b) *the neurological zone*, concerned with the variation of tonus, of coördination, and, above all, with modifications of the sympathetic system; (c) *the endocrine zone*, often characterized, from a morphological point of view, by the persistence of an infantile state, infantilism frequently connected with hyperthyroidism, and, from a humoral point of view, by the susceptibility to colloidoclastic shock and the lability of  $P_{\text{H}}$ —in other words, by the great range of possible variations of ionic acidity; (d) *the visceral zone*, characterized by the frequency of mechanical changes, such as ptoses and modifications connected with changes due to former diseases; (e) *the morbid nucleus*. By this expression the author means a constitutional susceptibility to disease, evidenced in intoxications (endogenous or



exogenous), old infections (tuberculosis), traumatisms (accidents, psychic traumata).

This general scheme is subdivided by the author in the following manner:

- (1) Psychic zone:
  - (a) External aspect, interpsychological (study of the social environment).
  - (b) Internal aspect, implying depth (study of the unconscious, psychoanalysis).
- (2) Neurological zone:
  - (c) Neurological aspect of coördination (absence of the qualitative modifications of the reflexes).
  - (d) Sympathetic aspect.
- (3) Endocrine zone:
  - (e) Humoral aspect.
  - (f) Morphological aspect.
- (4) Visceral zone:
  - (g) Physiological aspect.
  - (h) Pathologico-anatomical aspect.

This scheme, which the author illustrates by many clinical examples, is of great interest from the point of view of instruction, because it omits none of the elements which contribute to the *make-up* of the patient, being a synthesis and thus circumventing the dangers of a one-sided view, inevitable consequence of extreme specialization.

From the point of view of research it is neither limiting nor dogmatic: it leaves the field open, for it permits each one to draw his own conclusions in accordance with his own observations on the interdependence of the various stages of the phenomena. There are authors who begin with the visceral zone and end with the psychic (and this seems indeed to be the method of M. Laignel-Lavastine), but his method would not lose its validity if some day the opposite method should be preferred. In other words, it is the biological individual (not the personality, a term of philosophical origin) which must always be kept in view. This concept is to-day one of prime importance in the study of the nervous system.

2. A very interesting chapter on what the author calls the "deep ego" of psychoneurotics and mystics must now be mentioned. By "deep ego" he means Freud's unconscious, and for the exploration of this region he accepts the method of association and interpretation of dreams and errors; but, as we have already noted, a feature deserving special attention is the successful solution of one of the most difficult of problems, namely, that of the resemblances and differences existing between mystic states and psychoneuroses. Thanks to the exact data which M. Baruzi has collected in his great monograph, "Saint Jean de la Croix," the author has been able to show that the mystic state is traceable to the "consciousness of



the passivity of an undifferentiated psychic element as a source of energy" (p. 138).

In other words, from a scientific point of view the root of the mystic states and psychoneuroses is indeed the same—the unconscious. But this is the only element they have in common. In fact, in mystics (who are rare and should not be confounded with psychoneurotics with mystical trend) the unconscious breaks through in the form of a harmonious and architectonic development, if one may use the expression (see St. Theresa). Besides it is here the source of creative activity, as shown by the biographies of various mystics. On the contrary, the psychoneuroses present pictures, not of integration, but of dissociation, and without any creative activity. In both instances there is *projection* of internal activity into external reality; that is all that can be said by the scientist careful of the objective aspect, and this leaves the door open for all the metaphysical hypotheses, whether negative or affirmative (philosophic concept of the action of the divinity through the unconscious, William James).

These are the fundamental concepts offered by this work; it signals a real and important advance in the exposition of these controversial questions. We may add that the form given this work by the editor is of an elegance to which we in France are little accustomed in scientific treatises, and recalls the very best of its sort in Anglo-Saxon countries.

R. MOURGUE.

THE THEORY OF IDENTICAL ELEMENTS; BEING A CRITIQUE OF THORNDYKE'S THEORY OF IDENTICAL ELEMENTS AND A REINTERPRETATION OF THE PROBLEM OF TRANSFER OF TRAINING. By Pedro Tamesis Orata, Ph.D. The Ohio State University Studies, Contributions in Principles of Education, No. 3. The University Press, Columbus, Ohio, 1928. Pp. 204.

In this monograph Dr. Orata examines anew the theory of formal discipline, especially Thorndyke's doctrine of the transfer of training through identical elements. According to this doctrine, "one mental function improves others in so far as and because they are in part identical with it, because it contains elements common to theirs." There is no general ability, only specific abilities, and the task of education is to impart specific information and to build up particular habits which will function in specific life situations. The controversy growing out of this challenge to our age-old conception of education as cultural development still rages hotly, and this monograph is a valuable contribution on the side of the believers in education as something more than the establishment of specific S-R bonds. Dr. Orata first examines carefully the Thorndyke experiments upon transfer, from which he (Thorndyke) concludes that whatever one studies he gets about as much mental discipline as if he studies something else, and that the important thing is intellect to start



with. He then makes a critical survey of a number of other investigations, whose outcome seemed to contradict Thorndyke's theory. Most of the experiments, he finds, deal with the transfer of mechanical habits; only a few of them were so planned that meanings, concepts, and generalization of method of procedure were developed, and in just these few experiments there was indeed a considerable amount of transfer. "The conclusion," states our author, "is inevitable that when an individual is trained in mere routine fashion or drill, he gets fixed and mechanical habit which does not transfer. On the other hand, when he is trained consciously to organize his knowledge or procedure in such a way that general principles are formulated, the result is not a mechanical habit but generalization—or (an) adaptive and flexible form of behavior which by virtue of its flexibility transfers." In other words, transfer does take place when the conditions of transfer are present.

In part two, which deals with the author's reinterpretation of the problem, he states that transfer and intelligence are synonymous terms, and therefore "the phenomenon of transfer is present only where there is a conscious adaptation of means to ends." He is concerned not with reflexes and automatic habits, but with the meaningful and experienced environment and with the conscious or intelligent aspect of behavior which is guided by meanings. This, he says, is the most common fact of experience. Education is for the author "a process of cultivating meanings in such a way that their range of application is enormously increased. In other words, it is a process of remaking of behavior simultaneously with the reorganization of the environment. It is a process of getting and testing new meanings. The school, then, becomes an agency for the cultivation of thinking and not merely an institution wherein the individual gets miscellaneous information and acquires specific skills." His final definition of transfer is "the extension and application of meanings to new problems or situations in such a way that we can deal with them effectively." There are seventeen pages of bibliography.

W. RICHMOND.

CHILDREN'S BEHAVIOR AND TEACHERS' ATTITUDES. By E. K. Wickman.  
New York: The Commonwealth Fund, Division of Publications, 1928.  
Pp. 247.

We have here the report of one portion of a detailed and painstaking investigation carried on over a period of four years, while the author was engaged in child guidance work under the auspices of the Commonwealth Fund. This particular study centers in an investigation of behavior problems in a public school in Cleveland, in 1925-6, using as controls a study made in Minneapolis in 1924, and ratings obtained from the entire teaching staff of thirteen representative schools in six communities, from two groups of experienced teachers enrolled in advanced courses in two



colleges of education, and from the staff of one progressive private school for boys. The object of the study was to discover what kinds of behavior teachers consider undesirable in a child. Behavior is defined as "a socially evaluated and socially regularized product"; and behavior problems are "conflicts between individual behavior and social requirements for behavior."

In discovering the teachers' attitudes the study inquires into (1) the teachers' habitual mode of regarding child behavior with reference to the kinds of behavior which they consider undesirable or unwholesome; (2) their customary responses to these problems; and (3) the opinions and purposes that lead them so to evaluate and respond to the behavior of their pupils. The method employed was that of questionnaires and rating scales. First, the teachers made a list of behavior problems which they had encountered in their professional careers. Second, every teacher rated each of her own pupils with reference to a series of descriptions of troublesome behavior. Third, each teacher rated every one of her own pupils as to whether or not his total behavior was satisfactory or causing any degree of difficulty. Fourth, the teachers rated fifty items of troublesome behavior according to their conception of their relative seriousness. After all this material was obtained, thirty mental hygienists, all actively engaged in the study and treatment of behavior disorders in children, rated the same fifty problems of behavior which were used in the rating scales given the teachers.

The results, it seems to this reviewer, are of the highest importance not only to the educator, but to all who are concerned in any degree with the mental welfare of the child. For here is statistical proof, if we needed it, that what the school fosters are habits and attitudes not necessarily conducive to mental health, indeed, often inimical to it; and that what it condemns and punishes are often nothing but the reactions of healthy individuals to conditions of restraint and repression which are foreign to child nature. Furthermore, here is clear evidence that the personality of the teacher and her own personal problems are largely the determinants of her attitudes toward the behavior of the child, combined with and influenced, to be sure, by the requirements of the particular school system of which she happens to be a part, as well as by the attitude of society toward the pupil-teacher relationship; and here is plain evidence also that our courses in child psychology and all our talk about the mental hygiene of childhood in the last ten years have done little as yet to change the traditional attitude of the school toward the child as a creature who must be made to conform, willy-nilly, to adult standards of conduct. Even in the progressive schools it is hard to obtain teachers who can react in accordance with their knowledge and not in direct response to the behavior of the child.

Mr. Wickman shows himself unfailingly fair in his discussion of the



teachers' attitudes. He recognizes that they are not unique, but on the contrary are representative of those held by the majority of parents and others responsible for child rearing and training. If they make a fetish of obedience, so does the average parent; if they consider aggressive behavior as an attack upon authority and their own prestige, so does society in general; and if the shy and quiet child is commendable to them because he gives little trouble, so is he regarded by the majority of his elders. The author recognizes also that the mental hygienists have not yet said the last word upon the genesis and correction of behavior disorders, and is careful to emphasize that we should go only "so far as mental hygiene studies at present indicate."

The discussion of the experimental findings is followed by a chapter on the Significance of Teachers' Attitudes and by a final chapter on Re-education in Attitudes. This summarizes the findings and interpretations of the study and contains a suggested program for teaching training along the lines indicated. Appendices contain the various questionnaires and rating scales that were used in the study. The main body of the book is not overloaded with graphs and tables, but enough are given to enable one to follow the discussion easily. In general, the work maintains the high standard of the Commonwealth Fund publications, and forms a valuable addition to the studies upon the problem child.

**THE CHILD IN AMERICA: BEHAVIOR PROBLEMS AND PROGRAMS.** By William I. Thomas and Dorothy Swaine Thomas. Published by Alfred A. Knopf, New York. 1928. Pp. 583 (plus an index of 18 pages).

This is a monumental work prepared at great cost of time and labor by the authors. Not only have they covered an enormous amount of material in the sense of reports and documents, but they have personally visited in some places many times, cities and institutions in the United States and Canada where important or typical programs of child care or child experimentation are in progress. The introduction says, "There have been developed in recent years various types of standpoint, organization, and program directed toward the study and control of behavior. . . . In the meantime problems have arisen in these practical programs concerning mental deficiency, emotional instability, habit formation, special disability, family relationships, leisure time activities, gang life of children, etc., and the academic psychologist and sociologist have linked up their research and speculative work with these practical programs. One of the interesting results has been the development of a somewhat new approach in the form of organization, having as main objective the development of scientific technique as related directly to the practical program." In this volume, then, the authors undertake to examine these practical programs and scientific techniques and make



some appraisal of them as a means of understanding and control of behavior.

The book is divided into three parts. Part one deals with the variety of mal-adjustments, part two with practical programs, under which we find listed: (1) The treatment of delinquency. (2) Psychiatric child guidance clinics. (3) Community organization. (4) The treatment of mal-adjustment in the schools. (5) Character education in the schools. (6) Parent education. (7) The psychometric approach. The third part is headed simply, "Programs" from which we may infer that Professor Thomas does not consider them proven yet in practice. Under these are listed: (1) The personality approach. (2) The psychiatric approach. (3) The physiological-morphological approach. (4) The sociological approach. The next chapter is concerned with the methodology of behavior study. An addendum contains an explanation of terms.

The first chapter contains a discussion of nearly every form of mal-adjustment which is known to the psychiatrist, the psychologist or the social worker. Part two takes up in detail the practical programs that have been developed and are now in operation for the understanding and control of these mal-adjustments. There is a wealth of information in part two. For the first time one is able to get a bird's-eye view of what is being attempted in various parts of the country for the mal-adjusted child. Professor Thomas handles his material critically and does not hesitate to point out what he considers weaknesses or defects in the programs presented. Thus we learn of the various methods of juvenile court procedure in different cities of the United States and Canada; of the outstanding institutions that deal with problem children; of the failure of most of our houses of detention, reformatories for youth, etc.; of the methods of community organizations of one form and another that are attempting to deal with the problem of the delinquent child and youth; of the visiting teacher movement in the public schools; and of the, for the most part, sterile programs of character education adopted by the public schools. The chapter on the psychometric approach is most thorough and sane and neither throws overboard the testing program nor makes any absurd claims for it. In part three we have an interesting discussion of personality tests with the conclusion that their practical value has not yet been proven. The weakest spot in the book is the chapter on the psychiatric approach. Professor Thomas has considerable animus against the psychoanalysts and likes to speak of their fantastic claims, their grotesqueries, etc. As a matter of fact, as he himself states farther on, the extreme psychoanalytic views have had little effect upon clinical practice. Psychoanalysis implies intensive individual treatment and is seldom practicable in dealing with clinic cases. Chapter eleven deals with the constitutional type of various experimenters; the bio-chemist, the glandular enthusiast, and Kretschmer are discussed, as well as a number of others. The following chapter deals largely with the



behavior of the individual as determined by his relation to other individuals and to a society. Here we find described and discussed a number of exceedingly interesting studies and experiments on the behavior of children in groups and the rôle of the situation in the adjustment of the child. The chapter on methodology discusses the difficulties in the way of child study. Professor Thomas regards the behavioristic or situational approach as the only one capable of giving a rational basis for the control of behavior. This approach assumes that whatever can be learned about original nature will be revealed in its reaction to various situations and it, therefore, studies behavior reactions and habit formation in a great variety of situations, comparatively. It is the nearest approach to scientific methods that psychology is able to employ in the study of human behavior.

In a consideration of the evidence here presented, several things stand out clearly. The first thing that strikes the reader is, perhaps, the number and variety of the programs actually in existence, and the success and failure of practically all of them. Some of the most elaborate programs had apparently little more success in dealing with the problem child than the more casual ones. Certainly we are not yet aware of all the factors that make for either adjustment or mal-adjustment, and research programs have much to commend them for this reason if no other. Another thing that strikes us is that practically all workers agree that there is a certain type of child which it is impossible to adjust in our present state of knowledge. It is among this group that repeaters and hardened criminals of all ages are most frequently discovered. When will someone establish a foundation for the study of the psychopathic child? The success of the school as the proper center for the understanding and treatment of the problem child is another thing that strikes us forcibly. Indeed, Professor Thomas seems to think with a good many others that the time is coming when it is the school that will have to take over the programs developed by other agencies. The visiting teacher and vocational guidance movement in Rochester is treated at some length and shows what can be done in a school system where there is sufficient intelligence and coöperation on the part of the community. Another point that strikes this reviewer as of great significance is the admission by several workers that the most potent factor in the rehabilitation of difficult children seems to be the personality of the worker. When the child can find someone to whom he can make an effective transfer the solution of his problem is in sight. This is what the psychoanalyst, at least, would expect, and it would certainly be worth while to make a study from this standpoint of children who have been successfully adjusted.

Altogether we have here a book which should have a place upon the desk of every worker with children, from the psychiatrist on down. It will enable him to see his work in proper perspective, to take stock of



where we stand at present in the child welfare field, and give him courage to go on from there.

WINIFRED RICHMOND.

RESEARCH IN MARRIAGE. By Gilbert V. Hamilton, M.D. Published by Albert & Charles Boni, Inc., New York. 1929. \$10.00.

This is a study of certain phases of the marriage of two hundred people by analysis of their answers to a great number of questions asked by a psychiatrist.

It is a dull, valuable, powerful and disappointing book. It is dull because it is a broken mosaic, covering too large an area for the eye to see. It is valuable because all authentic material of this kind has pioneering importance. It is powerful, because the life strained into the terminology of this new science shows itself at times creative and genuine. It is disappointing because after two hundred people had answered nearly four hundred questions apiece we know hardly any more about the problem of marriage than we knew at the beginning.

Opening with precise statements of the method and the generalizations in use, the text goes on to simple objective data about money, relatives-in-law, fertility, personality, menstruation and pelvic operations which give the setting and occupy about a third of the volume. The second phase is of subjective data, very difficult to handle. It involves recollections, judgments and present evaluations of the family, the love affairs, dreams, sex curiosity, sex experience, reactions to coitus and many factors in the emotional life. It occupies more than a second third of the whole and at its close, the manuscript really ends. The active and vigorous contribution drawn from the patients' experience, thins to the cross-checking and correlation of that experience with certain theories, and the last third flattens, though strengthened by a summary, to a diminishing close.

The material has been made thoroughly anonymous. Important data are buried for the time being since the author felt obliged to withhold from publication much of the evidence which went to make up his own mind. The book conforms to scientific method in that the basic questionnaire was administered under strictly comparable conditions, in that it gives great quantities of verbatim data which permit the student to arrive at his own conclusions and in that the author claims only the accumulation of tentative evidence. He does not wish to use his findings as a weapon, and he insists to over-insistence that nothing is proven. Among contemporary books on marriage, this one is suggestive and important. It stimulates as the books of opinion and advocacy of marriage do not because it gives an evidence of reality they do not give.

The qualities which may make for adverse criticism are first, that the accepted language of social study influences presentation to the extent of extreme dependence on statistics by one who is not a statistician.



Second, the accumulation of quantitative evidence checks and cross-checks the human element in terms which have, as a starting point, certain theories of current psychiatry. These two factors seem to say that the book accumulates reference material without distilling the human essence. Such result, apparent in our foundation work in education, sociology, religion, and the arts, grows out of the application to subjective data of methods of quantitative evidence devised for objective data. It has become a conventionalized treatment and that part of the waiting audience which anticipates factual findings cannot otherwise be satisfied.

The book is more explicit than the title. It is a study of certain phases of marriage, weighted on the side of unhappiness. These phases are chiefly aspects of sexual adjustment; upon the understanding that it is family background and total sexual knowledge and experience which determine that adjustment, the material is called a study "of the child in the adult." There are little data about the major issues of life—the occupation, the children, the general social relationship, and the creative functioning in any field. Data about sex experience are used with special reference to the thesis that subjective matter requires no translation before interpretation and they are further checked with theories of Freud and of Adolf Meyer. If it be true that the book is weighted with unhappiness, its usefulness demands a clear recognition of this fact. Twenty-three of the two hundred people had ended their marriages in separation or divorce: this suggests that the normal curve of distribution ought to include also a number of the supremely happy. Extreme negation exacts extreme affirmation or we have not all the evidence. The indications are that this is not so and that in the questionnaire which was made out before the cases were studied the leaning is toward the negative.

Although the study is of equal numbers of men and women, I am of the opinion that the original point of approach and the highest degree of sensitization in the author is to problems of the woman, and especially the frigid woman. Are we not here at one of the focal points of that social criticism which objects to the effeminization of culture? Basic investigation must give no more than proportionate voice to the sex which suffers most severely from social taboo. All the following questions to women carry implications of shock, disgust, fear, fright and suspicion. "Did your first sex act cause you much pain?" . . . "Did it frighten you? Disgust you? Surprise you?" . . . "Was the sex act pleasant to you, distasteful, painful and merely a matter in which you were not personally interested during the first year?" . . . "How do you feel about any variations of the sex act from the usual way? Does it disgust you? Did this way (rear entry) of performing the sex act seem to you to be a natural or an unnatural way?" . . . "Has your husband ever suspected you of having the sex act with other men?"



There are leading questions. In this form none of them should have been asked. The violence of their negative is not cross-checked by that affirmation in terms of passion which might be intended as equivalent; the maximum words for what is not negative are pleasant and pleasurable.

There are other questions and cards of information which imply censure for departure from a fixed moral code. (On page 81 the author refers to patients "whose moral code I approved or disapproved.") For example: "How frequently do you now indulge in the sex act (with your spouse)?" . . . "Did you pass through a period in your teens during which you had sex day dreams of a kind which you would now regard as nasty, horrid and altogether contrary to your grown-up standards of sex morality?" . . . "Did you feel any reluctance or aversion to the act the first time you had sex intercourse with him?" . . . "It is probable that children pass through a period during which they find a sensual delight in various kinds of nasty thoughts, words and acts. Give an account of any of your nastiness of childhood." . . . "If you could throw aside all consideration of conscience, decency, fear of public opinion and an underlying desire to be normal do you believe that anyone of your own sex would appeal to you sexually?"

Evidence on these points of shock from unhappy people pushes us far from the normal, for the reason that happiness melts away painful sex memories, while unhappiness freezes them into permanent form. We are in danger of accepting as universal the persisting pain of these people unless it is continuously apparent that a combination of negative elements gives a result below the norm.

The material contains questions which raise difficulties of other types. I think it is reasonable to doubt the advisability of every question which asks about the experience or feeling of other people (that is, asking the wife about the husband and the husband about the wife); every question conditioned by elements which cannot be known—as comparisons of the self with "the average" person; every question lacking in definition—as inquiry about being "in love" when the context limits the meaning to a relationship which involves demonstrations of affection; and every purely hypothetical question. Two hypothetical questions are included in the basic rating as to whether the marriage is satisfactory or unsatisfactory:

"Knowing what you now know, would you wish to marry if you were unmarried?" . . . "If by some miracle, you could press a button and find that you had never been married (to your spouse) would you press that button?"

These two questions accept too naïvely the limitations of our psychic sphere; they lack the elements upon which a true *yes* or *no* can be said and therefore should not enter into a rating scale. Considering that the rating finds 96 people satisfied and 104 dissatisfied with their marriages and that the answers to these questions constitute one-seventh of the



rating, it is evident that they may turn the balance for or against satisfaction. Yet the findings obtained by this means become a base with which other factors are compared.

Statistically, this is too extensive a survey. The 468 tables usually contain two and may contain three elements so that approximately a thousand statistical judgments must be observed. This is more than the ascertained facts can carry. At intervals multiplicity leads to the over-refining of material which is not sound at the source. At best, it clutters the text and does not warrant decimals to two places. It is over-meticulous to say that 8 is 72.73 per cent and 3 is 27.27 per cent of 11—and the cumulative effect of this repetition merely obscures real issues.

An analysis which is carried to the point of destructive diffusion in statistics is of profound origins. I think it means that Dr. Hamilton's resolution was unshakably experimental and that he wished to avoid the cheap and easy synthesis on a few cases which has flooded the literature. For this or for other reasons, there is no synthesis. So far as we know, no one in the world has had an opportunity to study fifty couples before. Yet the author studied them as individuals. He destroyed synthesis which was under his hand, namely, the fact that fifty of these couples were married to each other. We are left to conclude that if Robert Browning and Elizabeth Barrett Browning had under these conditions offered their marriages for study, Mr. Browning would have been added to the columns of men and Mrs. Browning to the columns of women. Thus the essence is displaced by the theory. At the end we have precise formulae equidistant from every point on the scale and equidistant from each other. For these we forego all the profusion of unequal growths, the creative vitality and the new artistic form potential in marriage. This is loss.

Historically, the book is another matter. When it is yellowed with time, students will examine it as we now read the earliest reports of the United States Census and the United States Bureau of Education. In 1950 it will have scarcity value. The time-span represented in the lives of individuals is so balanced and the purpose, aim and scope of the investigation are recorded so clearly and so exactly, that really comparable data may be secured by the same methods on groups of any kind or size at any time. This helps to give us a measure of social mores and is a substantial contribution to our thinking.

L. E. BEAM.

RECENT ADVANCES IN PSYCHIATRY. By Henry Devine, O.B.E., M.D., F.R.C.P. Published by P. Blakiston's Son & Co., Philadelphia. Pp. 325 + index.

The reviewer welcomes this little book of Dr. Devine's, not only as a sincere but as a very successful effort to present psychiatry in its



recent developments. He has shown an admirable capacity for coördinating and correlating the work which has been done both in the so-called organic and the so-called functional fields, and has interwoven these two tendencies throughout his book in a fascinating way which shows a deep appreciation of the viewpoints of many workers. In these days when the literature of any scientific department is so voluminous that it is practically impossible for anyone to keep up with it unless he does nothing else, works of this character, which undertake to bring together recent advances by a species of abstract-reviews and comments are both welcome and important and their importance varies in direct proportion to the breadth of view of the person who undertakes the job, because naturally his must be the selection of what to incorporate and what to leave out. From this point of view this first attempt by Dr. Devine is most admirable and we trust will be followed by other efforts of the same character either by him in future years or by others similarly inclined.

WHITE.

PHYSICIAN AND PATIENT. PERSONAL CARE. Edited by L. Eugene Emerson. Published by Harvard University Press, Cambridge. 1929.

This little volume of 244 pages is intended for the practitioner in medicine, but may be read with interest by all who have to do with the sick patient: nurses, social workers, or anyone who has ever been sick or had anything to do with the sick.

The purpose of this work is to set the official seal of approval on the idea that the patient is a person with an individual personality. To quote from the introduction by the author: "Another reason that makes these lectures peculiarly timely is this: with the wider scientific study, especially through psychology of diseases and patients, it has been found that a large number of cases apparently organic are really functional. This means that the only way of successfully treating them is through psychotherapy. Furthermore, if successful treatment is difficult, or impossible, the only way of even partially understanding such cases is through human sympathy and psychological analysis of the personality of the patients. This necessarily involves not only the care of the patient but also caring for the patient."

The following subjects are dealt with: Some of the Human Relations of Doctor and Patient; The Care of Patients; Its Psychological Aspects; The Medical Education of Jones, by Smith; The Significance of Illness; Some Psychological Observations by the Surgeon; Human Nature and Its Reaction to Suffering; The Care of the Aged; The Care of the Dying; Attention to Personality in Sex Hygiene.

The philosophy and insight of the editor into the interrelation of the somatic and the psychic approach to the patient gives this book a place in the physician's library. To successfully treat ill persons, it is necessary to keep in mind the unity of the organism, for the art of healing



needs to heal the whole man and not a selected portion of his general makeup. Recent attention to the psychological orientation in the problems of life and disease reveal that the true understanding of such cases is brought about through human sympathy, and a psychological insight into the personality of the patient.

MARY O'MALLEY.

ÜBER GEISTESKRANKHEIT IN ALTER UND NEUERZEIT. Ein Stück Kulturgeschichte in Wort und Bild, von Dr. med. H. A. Adam. Published by Verlag Ludwig Rath, Regensburg. 1928. Pp. 158, illus.

This little work is a brief survey of the history of mental disease from the earliest times up to the present. It is divided into three parts. The first part deals with the situations prevailing until the middle of the Nineteenth Century, the second part deals with the transition period to modern times and the third part deals with modern conditions, more particularly as regards institutional conditions. The outstanding feature of the work is the very excellent illustrations, ninety-six in number, which carry one through the chapters almost without the necessity of reading the text. Among the pictures is a reproduction of the famous painting of Pinel freeing the patients from the Salpêtrière, the equally famous picture of Hogarth of the interior of Bedlam, and the very well known picture to all psychiatrists of von Kaulbach of a group of patients in a hospital courtyard. All manner of construction and restraint apparatus are shown and one is reminded again of the very unlovely history of this department of medicine. Equally impressive are the marvelous changes which have occurred in modern times as they are also depicted in the illustrations.

WHITE.

CAPITAL PUNISHMENT IN NORTH CAROLINA. Special Bulletin Number 10. Issued by The N. C. State Board of Charities and Public Welfare, Raleigh, N. C. 1929. Pp. 173, illus., including Statistical Tables and Graphs.

This book, Special Bulletin No. 10, issued by The North Carolina State Board of Charities and Public Welfare, comprises the results of a study of the capital punishment situation in North Carolina. This is preceded by an historical sketch of the entire situation and concluded with a series of case histories. I can do no better than quote from the Introduction and from the Conclusions from Case Histories the following pertinent sentences:

"A visit to the death row in the State Prison at Raleigh is an experience which every citizen of the State should have at least once. The prisoners in the death row are there because the people of North Carolina wish them to be or are indifferent to or ignorant of the social factors responsible for their situation. That many persons condemned to death eventually receive commutation of sentence does not lessen the responsi-



bility of the individual citizen in regard to the death penalty. As uncomfortable as it may make him, he should be willing to face the concrete results of whatever attitude, or lack of one, he has had toward capital punishment as it is found in that depressing group at Raleigh.

"It is hardly conceivable that a person can have the experience of such a visit without asking himself some very pertinent questions. He will see among these condemned men the poor and the ignorant—for the affluent and educated are seldom found in the death cells—the feeble-minded, the insane and the psychopathic. By talking with them he will discover that some of them are so simple in mind that they have little conception of the seriousness of their situation, or the significance of the electric chair only a few yards away, as the one who naïvely remarked: 'This 'lectrcushion's shorely gwine teach me a lesson.' He will find that many of them are illiterate, that others have no memory of a home, a church, a school or a community whose influences might have led the wandering feet of childhood along a path that had a happier end. He will see that, if they are not also the victims of mental deficiency, these are for the most part the children of ignorance and neglect. He may come to the conclusion that the end, as bad as it is, is not the worst aspect of their situation, and that death is not the epitome of punishment."

"There are, moreover, several cases of actual insanity among them, and it is safe to say that in the 26 case histories studied, hardly one is the history of a normal man. It should be especially noted that one prisoner, declared by an alienist to be definitely insane, a victim of dementia precox, was electrocuted.

"Although the sentiment of a civilized State is now opposed to the infliction of the death penalty upon the insane, this sentiment does not yet officially condemn the execution of the feeble-minded, despite the frequency of commutation of the death sentence by the governor in cases in which mental deficiency has been definitely proved.

"What is happening at present in North Carolina, as probably in most of the other States, is that the death penalty in a large majority of cases is inflicted upon the subnormal and the psychopathic who, through their innate deficiency or abnormality, are unable to cope with their environment, and many of whom from birth are predisposed to the commission of crime."

I can not refrain from adding to the above the fact that as I was looking through this book there was upon my desk another book for review which recounted the history of the care of the so-called insane from the earliest times to the present, a book which was profusely illustrated, showing type of construction of institutions, types of restraint and pictures of the so-called insane both actual and imaginative. I could not help but draw a parallel between these two groups and the way in



which society has dealt with them. One sees precisely the same ignorance, the same prejudices, the same stupidity working itself out in the one case as in the other, and the mechanisms and the machinery of expression are not essentially different. Surely it is time that the criminal had some kind of human understanding and that the naïve assumptions of the law should be replaced by the results of ordinarily intelligent thinking. The distinction between the medical and the legal theories of "insanity" can no longer be justified by stating that the objectives of medicine are to cure the individual and of the law are to protect the state. It is just as much the doctor's duty to protect the state as it is the lawyer's, and just as much the lawyer's duty to look after the rights of the individual as it is the doctor's. Such reasoning is complimented by calling it scholastic. The real distinction is that the attitude of the law is medieval, that of medicine belongs to the present century. There is no place for both and we can not afford to remain at the medieval level.

WHITE.

THE FUNDAMENTALS OF HUMAN MOTIVATION. By Leonard T. Troland, S.B., A.M., Ph.D. Published by D. Van Nostrand Company, Inc.

This book is a fairly recent addition to the field of psychology. The author deals systematically with the problems of human motivation in an attempt to dislodge why people feel and behave as they do; how to control the processes connected with desire, purpose, habit and impulses; and to seek out the basis of these reactions.

The study is begun by a statement of the problem and the method of attack. Motivation is dealt with by conceiving consciousness and matter in a dualistic light, although the author states "the fundamentally real system is that of consciousness or experience, alone. The physical scheme is a conceptual development which arises, so to speak, from viewing the psychical system from the outside." The author then reviews in three chapters the historical background, presenting in rapid succession the doctrines of animism and religion, then the early Greek views which regarded the principles governing human behavior as being similar to those which governed the universe, to the nineteenth century tendencies of interest in heredity and the development of laboratory psychology and the interest in a physiological attack upon the problem of animal and human behavior. Psychoanalysis is discussed briefly from Janet, Freud, to Kempf and others. The early views regarding animal behavior—the conditioned reflex of Pawlow; Thorndike's hedonistic principle, that of several responses made to the same situation the responses which are followed or accompanied by pleasure are most likely to recur when the situation recurs, and that the responses associated with discomfort will be less likely to recur; and such theories of learning as Watson's who reduces the proposition to the laws of use or exercise, arguing that the



successful response occurs twice as frequently because it terminates the series, and is present in every series—are discussed.

The nature of the neuromuscular response; the hereditarily determined specific responses such as the circulatory, respiratory, excretory reflexes and the sympathetic and autonomic reactions; the various theories relating “to instincts offering two alternative conceptions: the appetitional instinct and the image-instinct (the definitions of these conceptions are given on pages 141 and 142) are taken up. Troland catalogues the appetitional instincts such as hunger, thirst, aversion to pain. The properties of the cerebral cortex are explained in Chapter IX. The next chapter deals with the theories of learning leading up to the statement in Chapter X, with further elaboration in the ensuing chapters of the author’s solution of the problem. He rests the problem upon a physiological interpretation of the “pleasure-pain” senses which he designates as “beneceptive and nociceptive.” By exciting the beneceptors, conductances of any cortical pathways which are operating at that time are augmented and a diminution of these conductances occurs when the nociceptors are stimulated. “These opposed processes are designated as forms of retroflex action.”

The remainder of the book is largely given over to explaining many of the older theories on the basis of his theory and in applying the principles of his theory in the study of the various characteristics of complexes especially of the “ego-complex,” motivational processes in the sexual and emotional spheres, conflicts of motives, common motivational problems met with in modern life, and an analysis of personality. He concludes with a presentation of the theory of correct conduct.

As the author states, the book makes no pretense at being a popular discussion. The argument is at times difficult to follow as the theories of so many schools are presented in rather brief form which, although interesting and in the end essential, at times block the goal idea.

An extensive list of references is given. A glossary has also been added which, without doubt, will be found to be exceedingly helpful to readers not trained in the field of psychology.

Such a book will be helpful to various branches of workers especially in the somewhat allied fields of sociology, psychiatry, education and economics.

WHITMAN.

PSYCHIATRY IN INDUSTRY. By V. V. Anderson, M.D., M.A. Published by Harper & Brothers, New York and London. 1929. Pp. 348 + Appendices and Index.

A book of especial importance to all psychiatrists who are interested in the social applications of mental medicine, and particularly of interest to those who have had faith in its value for industry. The author,



Dr. Anderson, was the Director of Medical Research of the big department store of R. H. Macy & Company, of New York City, to which position he took an excellent training in psychiatry and mental hygiene work. The book is of particular value because it tells in such detail the actual operation of the work of their unit, consisting of a psychiatrist, a psychologist and a psychiatric social worker, just how they went about their work, what the problems were with which they were confronted and how these problems were met, and their final results. The work is documented by numerous sufficiently detailed case histories to illustrate the various points. The book stands as concrete proof of the actual value of mental hygiene in industry, and, by a parity of reasoning, its value when applied to similar social problems.

WHITE.

STUDIES IN PSYCHO-EXPEDITION. By F. Schneersohn, M.D. (Translated from the German by Herman Frank.) Published by The Science of Man Press, New York. 1929. Pp. 209.

The author of this book has herein attempted to outline a "science of man," an "empirico-psychological Science of Man" which proposes to grasp and explore man as a totality in all of his multiformity including the problems of "nervousness"; neurosis being defined as "not yet a disease but actually standing on the border-line between disease and health." Preliminary to the actual delineation of "psycho-expedition" as a method of investigation he attempts to make some evaluation of the other schools of psychology. It is emphasized that each of these other schools confines its studies to special tendencies and neglects or ignores the "organic multiformity of man's soul"; that clinical psychiatry and experimental psychology in spite of their great contribution to science have "become positively alien to real life," and that the "Science of Man" begins where psychoanalysis leaves off, as it incorporates the results of all scientific research.

The name "Psycho-Expedition" is an intriguing term for an expedition or exploration into the mind of man, and in reading the book we hasten to realize our anticipations, which have been stimulated by such preliminary statements as "it begins at a point where psychoanalysis left off" and "Verily, the psychological expedition is the acid test for simplicity," etc., only to discover that the carefully devised method consists of life history accounts, self descriptions, "confessions" and minute diary records of the thoughts, emotions, wishes, etc., of the person investigated, over a period of time. From this material, from interviews with the patient concerning it, and from the diary an idea is gained of the "inner life" of the individual. It would seem to those acquainted with psychoanalytic methods, that it is just this type of material with which the psychoanalyst acquaints himself before beginning an analysis of the deeper and causative factors.



A new descriptive term, "Psychical Scurvy," for certain disorders has also been created, based on a "theory of psychical vitamins." "Psychical scurvy is . . . a state of diminished life-impetus, the chief manifestations of which are a mental inertia and a decreased psychical resistance-power. Psychical completines," . . . (counterpart of physical vitamins)—"the lack of which causes psychical scurvy are the specific stimulative influences which quicken the immediate life-impetus in a person and which act for him as a source of the joy in life." . . . A few of these are "the play urge of healthy children, the erotic passions of youthhood, the maternal self-sacrifice on the part of women, the spirit of enterprise with ambitious business men, the creative enthusiasm of gifted artists, the fervent piety of sincerely devout persons, etc." . . . "In moments of crisis, of sudden misfortune or stunning shock, man unconsciously seeks to intensify his life impetus by means of newer, stronger psychical vitamins." Apparently with the term "psychical vitamins," the author indicates those processes long known to psychoanalysts as cathexes, or emotional investments, and it is, of course, the shifting about, the strengthening, the attenuation and the displacement, etc., of these emotional investments that play heavy rôles in the production of characterial status as well as its various abnormal manifestations.

The author utilizes the term "sphere," a word introduced by Schilder and utilized for "unconscious" by Kretschmer, "to designate those modes of psychical life which are distinguished from the normal by their intuitive and affective nature, but which are dynamically connected with the normal mode." The intimate and primitive psychical modes are designated as the "spherical" soul life; and, "the extent of an individual's need for specific spherical impulses, or the degree of the disease-provoking sensitiveness to a lack of such impulses" is designated as the "Spherical Quotient." In order to study concretely these spherical-intimate modes of psychical life certain avenues of research are laid down. These spherical-research-expedition methods are divided into two classes: (1) the individual methods: which consist of the spherico-biographical method of approach or the objective record of one's life history, the autobiography and the biography; the spare-time and holidays method, the exceptional-states or outbursts method, the recollection method, the imagination method and the exceptional-persons of the spherical characters method, (2) the general methods: including the artistic works, religious works and social spherical-life with biographies and autobiographies of all this. The material thus gained is utilized in some way (this part is obscure) to reveal the soul life difficulties to the individual under investigation, and to bring them into harmony with external reality.

The research expeditions may be carried on in groups and subgroups ("An expedition consists of from 15 to 20 persons under the leadership



of one experienced investigator") in which each person (after the first sessions of instruction are past) submits a written but unsigned report of a recollection of a spherical event from his own past, to the group leader who in the following sessions opens free criticisms of the material.

Throughout, the unconscious is left practically untouched and is once mentioned as an indefinite concept of theoretical import. We must agree that the attitude of approach to these problems, this is to say, the tendency to adhere to concrete facts of experience, is a laudable one, too seldom followed, but the actual method of undertaking the investigation is a simple rearrangement under a new terminology of some of the older and a part of the newer psychology, stimulated by the researches of the psychoanalytic school. Moreover, in places the whole scheme of interpretation seems vague and mystical. The case material is too abbreviated and incomplete to allow one to formulate an opinion as to what has happened, but radical cures and readjustments made to life, are mentioned. "The neurotic person is an individual panting after the spherical life, one who has lost the keys to his own intimate treasures of the soul, and is, through the spherical urge, instinctively striving to a morbid-primitive psychical state." He is supposed to be able to recover if he is willing to make a "cure expedition" into his "half forgotten" or "veiled intimate world." . . . "The spherical-intimate experiences in their most pointed form . . . are by no means unconscious or sub-conscious." There are many interesting points of view and helpful suggestions offered by this book, but the reviewer is left with the impression that dynamic psychotherapy begins where the "man therapy" part leaves off, namely, at the level of the unconscious (or any other name by which one may wish to designate the "unconscious"). Short "Foreword's" have been written by Professors John Dewey and Adolf Meyer.

LEWIS.

**NOTICE.**—All business communications should be addressed to *The Psychoanalytic Review*, 3617 Tenth Street, N. W., Washington, D. C.

All manuscripts should be sent to Dr. William A. White, Saint Elizabeth's Hospital, Washington, D. C.



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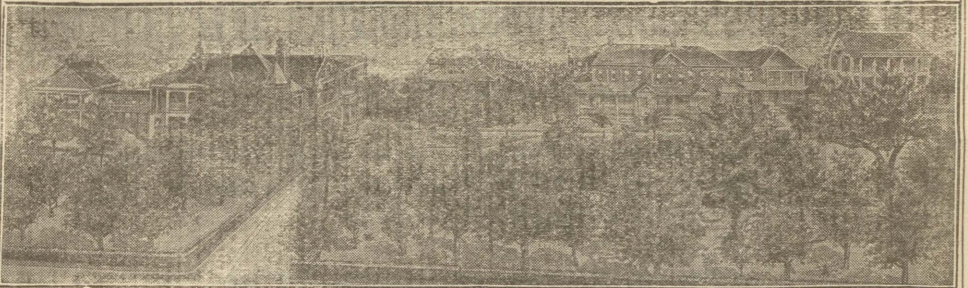
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